Notification to the Mental Welfare Commission of the admission of a child or young person to a non-specialist unit for the treatment of mental disorder

ADM2

Instructions

The following form is to be used:

where a patient who is a child or young person (under the age of 18) is admitted to the care of a hospital for assessment or treatment for mental disorder in a non-specialist mental health unit, or a medical or paediatric ward.

Where not completing this form electronically, to ensure accuracy of information, please observe the following conventions:

Write clearly within the boxes in BLOCK CAPITALS and in BLACK or BLUE ink

For example

2	5		M	A	R	K	E	T		S	T

Shade circles like this -> ●

Not like this -> ⊗ ✓

Patient Details

CHI Number

Surname

First Name (s)

Other / Known As

'Other / Known As' could include any name / alias that the patient would prefer to be known as.

Title

DoB dd / mm / yyyy

Gender ○ Male ○ Female

Patient's home address

Line 1

Line 2

Line 3

Line 4

Line 5

Postcode

To be completed by the Hospital Managers

Notification completed by:

Surname

First Name

I confirm that the aforementioned patient was admitted to the care of :

Hospital

Ward / Clinic

on the following date dd / mm / yyyy

The patient's RMO was:

(Please detail RMO's full name and address)

RMO Telephone

RMO Email

Signed

Job Title

Date dd / mm / yyyy

The form should be sent to:

The Mental Welfare Commission for Scotland
3rd Floor
Thistle House
91 Haymarket Terrace
Edinburgh
EH12 5HE

Tel: 0131 313 8777