

Second Opinion Request

Instructions v7.0

The following form is to be used to request the Mental Welfare Commission to arrange a second opinion visit:

Patient Details

CHI Number

Surname

First Name (s)

DoB / /
dd / mm / yyyy

If under 18, is the RMO a child specialist? Yes No

Does patient have learning disabilities: Yes No

Current order (e.g. STDC or CTO)

'Date of the first order in this episode (eg STDC) / /

Hospital

Ward / Clinic

Details of visit location if not a hospital e.g. clinic/ resource centre

CPN name and contact details (if applicable)

Where are the patient's notes located?

Any specific visit requests/ information, e.g. gender preference, time of visit, risk issues (eg CPN should accompany)?

Timescale for visit 2 weeks (Meds) 7 - 10 days (ECT or NG)

Treatment

For medication? Yes No

Is Clozapine one of the treatments? Yes No If yes, what route is it to be given?

For ECT? Yes No If ECT is it for "maintenance ECT"? Yes No

NG feeding? Yes No

If med, when was it first administered during STDC/CTO or equivalent?



Report by RMO for Designated Medical Practitioner - Appendix E

Report date
dd / mm / yyyy

/ /

Name and contact details of any Named Person

Does patient have an Advance Statement? Yes No

Date of Advance Statement

/ /

Location of any Advance Statement

Please confirm that case notes, prescription sheet, current treatment certificate (if there is one) and MHA documentation is available for the DMP Yes No

What action has been taken to confirm this?

Clinical Summary

Background and Psychiatric History

Current Mental State:

Diagnosis



