

Notification to the Mental Welfare Commission of the designation of a specified person



Instructions

The following form is to be used:

to notify the Mental Welfare Commission of the designation of a specified person, in relation to restriction of correspondence, telephones, or other measures taken to ensure safety and security in hospitals. This notification is NOT required for patients in the State Hospital, the Orchard Clinic, the Rowanbank Unit or the Medium Secure Service, Rohallion, in relation to the implementation of safety and security measures.

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

Write clearly within the boxes in	For example												Shade circles like this -> Not like this ->															
BLOCK CAPITALS and in BLACK or BLUE ink	Not me this -> X																											
Patient Details																												
CHI Number										Τ																		
Surname																						\top		\Box				
First Name(s)																						Ť	T	Ħ				
Other / Known as								\dagger														\dagger	$\overline{}$	\exists				
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Title											Gender																	
DoB			1			7]	○ Male ○ Female ○								Prefers not to say O Not listed								
dd / mm / yyyy						′					J	lf r	not li	sted,	, plea	please specify												
The patient is detained un	der	the	e ca	re d	of:																							
Hospital																												
Ward / Clinic																												
RMO Details																												
The patient's RMO is:																												
Surname																												
First Name						+	+																	\dagger	+			
Title	\exists												G	МС	Nu	mbe	er			$\overline{}$				T				
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Hospital																												
Ward / Clininc (if appropriate)																												
Approved under section 2	2 of	f the	e A	ct b	y:																							
Health Board NHS						Τ																		T	T			



The designation of a specified person is in relation to:	
○ Safety and Security in Hospitals	
○ Use of Telephones (Completion of RES 3 is also required)	
Orrespondence (Completion of RES 6 if correspondence is withheld)	
RMO's Reasoned Opinion (including the reasons for the designation and the specific measures to be implemented)	
Safety and security measure(s) - reasoned opinion:	
Telephones – reasoned opinion:	
Correspondence (sent and/or received) – reasoned opinion:	
Discussion with patient (shade as appropriate)	
○ I discussed this reasoned opinion with the patient, OR	
 I did not discuss this reasoned opinion with the patient as it would be prejudicial to their health or treatment (not applicable to correspondence) 	
Signed	
Date / / / /	
dd / mm / yyyy	

I, the RMO named above, have made the reasoned opinion(s) below.

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Desination of Specified Person																						
The patient's RMO designated the patient as a specified person on:									n:	Date dd / mr		, [/ [<u> </u>				
 The patient has been notified that they have been designated as a specified person and their right of review; or It was the opinion of the RMO that it would be prejudicial to the patient's health or treatment to notify the patient that they has been designated as a specified person. (not applicable to correspondence) 																						
 The named person has been notified of the patient being made a specified person and the patient's right of review. Completion Details 																						
Notification completed by:																						
Surname																		\exists	П			
First Name																		寸	T			
Job Title																		T				
Signed			-			'	•					'										
Date dd / mm / yyyy]/]/														-				

