

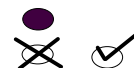
Instructions

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.

For example

and in BLACK or BLUE ink

Not like this ->

[illegible]

Patient Details

[illegible][illegible][illegible][illegible]

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

[illegible]

dd / mm / yyyy

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 /

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 /

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Gender

☐ Male ☐ Female ☐ Prefers not to say ☐ Not listed

If not listed, please specify

[illegible][illegible]

RMO Details

[illegible][illegible][illegible]

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[illegible][illegible]

NHS

[illegible]

RMO Details (cont.)

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

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)
- ☐ Correspondence (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

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Date

dd / mm / yyyy

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Desination of Specified Person

The patient's RMO designated the patient as a specified person on: Date / /
dd / mm / yyyy

- ☐ 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

First Name

Job Title

Signed

Date / /
dd / mm / yyyy

