

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.

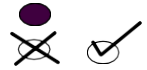
Where not completing this form electronically, to ensure accuracy of information, please observe the following conventions:

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

For example

25 MARKET ST

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

--	--	--	--	--	--	--	--	--	--

dd mm yyyy

DoB

		/			/				
--	--	---	--	--	---	--	--	--	--

Gender ☐ Male
☐ Female

Patient's home address

Line 1

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Line 2

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Line 3

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Line 4

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Line 5

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Postcode

--	--	--	--	--	--	--



Notification completed by:

Surname

[illegible]

First Name

[illegible]

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

Hospital

[illegible]

Ward / Clinic

[illegible]

dd

mm

yyyy

on the following date

The diagram illustrates the division of a 2x2 grid into four 1x1 squares. It shows three stages: first, a 2x2 grid divided into four 1x1 squares; second, a 2x2 grid divided into four 1x1 squares; and third, a 2x2 grid divided into four 1x1 squares.

The patient's RMO was:

(Please detail RMO's full name and address)

--

RMO Telephone

[illegible]

RMO Email

--

Signed

--

Job Title

--

dd

mm

yyy

Date _____

		/			/				
--	--	---	--	--	---	--	--	--	--

The form should be sent via email to: ci.mwc.teama@nhs.scot or ci.mwc.teamb@nhs.scot

The Mental Welfare Commission for Scotland

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