STATUTORY INSTRUMENTS

1962 No. 613 (S. 21)

MENTAL HEALTH

The Mental Health (Forms) (Scotland) Regulations, 1962

Made - - - -	*23rd March*, 1962
Laid before Parliament	*2nd April*, 1962
Coming into Operation	*1st June*, 1962

In exercise of the powers conferred on me by sections 52, 69 and 85 of, and paragraph 15 of the Third Schedule to, the Mental Health (Scotland) Act, 1960(a), and of all other powers enabling me in that behalf, I hereby make the following regulations:—

1.—(1) These regulations may be cited as the Mental Health (Forms) (Scotland) Regulations, 1962, and shall come into operation on the first day of June, 1962.

(2) The Interpretation Act, 1889(b), applies to the interpretation of these regulations as it applies to the interpretation of an Act of Parliament.

2. Subject to the provisions of the Mental Health (Scotland) Act, 1960, the forms numbered 1 to 22 inclusive in the Schedule to these regulations shall be used wherever applicable in connection with the use of compulsory powers under Parts IV, V and VI of the said Act or under the Third Schedule thereto.

Dated this twenty-third day of March, 1962.

John S. Maclay,
One of Her Majesty's Principal Secretaries of State.

St. Andrew's House,
Edinburgh, 1.

(a) 8 & 9 Eliz. 2. c. 61.

(b) 52 & 53 Vict. c. 63.

SCHEDULE

FORM 1

APPLICATION BY NEAREST RELATIVE FOR ADMISSION OF PATIENT TO HOSPITAL

(SECTION 24)

To the Board of Management of [name and address of hospital].

1. I [name and address of applicant] hereby apply for the admission of [name and address of patient] to the above-named hospital in accordance with Part IV of the Mental Health (Scotland) Act, 1960.

2.

(*a*) I am the patient's nearest relative within the meaning of the Act, being the patient's [state relationship]* (*delete the following words if not applicable*) I am caring for the patient, or was caring for him/her immediately before his/her admission to hospital;

OR

Delete (*a*) or (*b*).

(*b*) I have been authorised by the sheriff under section 48 of the Act to exercise the functions of the patient's nearest relative under the Act and a copy of the sheriff's order is attached to this application. The order is in full force and effect.

3. I last saw the patient on [date]†.

4. The patient's date of birth $\frac{\text{is}}{\text{is believed to be about}}$.....

5. The religious persuasion of the patient $\frac{\text{is}}{\text{is believed to be}}$.....

6. This application is founded on the accompanying medical recommendations.

7. ‡

Signed.....

Date .....

* See sections 45, 46 and 47 of the Act.

† The applicant must have seen the patient not more than fourteen days before the submission of the application to the sheriff for approval.

‡ If it has not proved practicable for the second recommendation to be given by the patient's general medical practitioner or another medical practitioner with previous acquaintance with the patient, the applicant should state the reasons here.

[Sections 45, 46 and 47 of the Act to be set out.]

FORM 2

APPLICATION BY MENTAL HEALTH OFFICER FOR ADMISSION OF PATIENT TO HOSPITAL

(SECTION 24)

To the Board of Management of [name and address of hospital].

1. I [name and address of applicant] hereby apply for the admission of [name and address of patient] to the above-named hospital in accordance with Part IV of the Mental Health (Scotland) Act, 1960.

2. I am an officer of [name of local health authority] appointed to act as a mental health officer for the purposes of the Act.

3. (*This section should be deleted if no consultation has taken place with nearest relative.*)

(*a*) I consulted on [date] [name and address] who to the best of my knowledge and belief is the patient's nearest relative within the meaning of the Act, being the patient's [state relationship]* (*delete the following words if not applicable*) he/she is caring for the patient or was so doing immediately before the patient's admission to hospital;

OR

Delete (*a*) or (*b*).

(*b*) I consulted on [date] [name and address] who has been authorised by the sheriff to exercise the functions of the patient's nearest relative under the Act;

AND

have informed the person consulted of his/her right to object to this application in accordance with section 28 of the Act;

AND

(*c*) I understand that he/she does not object to this application being made

OR

Delete (*c*) or (*d*).

(*d*) I understand that he/she objects to this application being made.

4. (*This section should be deleted if consultation has taken place with nearest relative.*)

(*a*) I have been unable to ascertain who is the patient's nearest relative within the meaning of the Act.

OR

(*b*) To the best of my knowledge and belief the patient has no nearest relative within the meaning of the Act.

Delete the TWO statements which do not apply.

OR

(*c*) To the best of my knowledge and belief [name and address] is the patient's nearest relative within the meaning of the Act authorised to exercise the functions of the patient's nearest relative under the Act but in my opinion it is not reasonably practicable to consult him/her before making this application because.....

5. I last saw the patient on [date]†.

6. The patient's date of birth is/is believed to be about.....

7. The religious persuasion of the patient is/is believed to be.....

8. This application is founded on the accompanying medical recommendations.

9. ‡

Signed.....

Date .....

* See sections 45, 46 and 47 of the Act.

† The applicant must have seen the patient not more than fourteen days before the submission of the application to the sheriff for approval.

‡ If it has not proved practicable for the second recommendation to be given by the patient's general medical practitioner or another medical practitioner with previous acquaintance with the patient, the applicant should state the reasons here.

[Sections 45, 46 and 47 of the Act to be set out.]

FORM 3

MEDICAL RECOMMENDATION FOR ADMISSION TO HOSPITAL

(SECTION 24)

1. I [name and address (or hospital appointment) of medical practitioner] being a registered medical practitioner, recommend that [name and address of patient] be admitted to a hospital in accordance with Part IV of the Mental Health (Scotland) Act, 1960.

2.

(*a*) I am the patient's general medical practitioner.

Delete (*a*), (*b*) or (*c*) if not applicable.

(*b*) I was otherwise acquainted with the patient prior to conducting the examination (*state nature and extent of acquaintanceship*).

(*c*) I have been approved by.....Regional Hospital Board under section 27 of the Act as having special experience in the diagnosis or treatment of mental disorder.

3. I last examined the patient at [place of examination] on [date]*.

† Insert mental illness and/or mental deficiency.

4. In my opinion the patient is suffering from † which requires or is susceptible to medical treatment within the meaning of the Act** and is of a nature or degree which warrants his/her detention in a hospital for such treatment.

AND

I am also of the opinion that

Delete (*a*) or (*b*) unless both apply.

(*a*) the mental illness from which the patient is suffering $\frac{\text{is}}{\text{is not}}$ a persistent disorder manifested only by abnormally aggressive or seriously irresponsible conduct.

(*b*) the mental deficiency from which the patient is suffering $\frac{\text{is}}{\text{is not}}$ such that he/she is incapable of living an independent life or of guarding himself/herself against serious exploitation‡ and is likely to remain so incapable on reaching the age of 21.

‡ Delete following words if patient is aged 21 or over, or if he is capable of living an independent life.

These opinions are based on the following grounds:—

(Full clinical description of patient's mental condition and, if possible, a statement of the immediate circumstances, including in particular the behaviour of the patient, which gave rise to the application, and the source of information on those circumstances.)

Delete (*a*) or (*b*) unless both apply.

5. I am of the opinion that

(*a*) the interests of the patient's health or safety;

(*b*) the protection of other persons;

cannot be secured otherwise than by the patient's detention in a hospital for medical treatment and my reasons for this opinion are:—

(Reasons should indicate whether other methods of care or treatment (e.g. out-patient treatment or local authority services) are available, and, if so, why they are not appropriate, and why informal admission is not suitable.)

6. (State relationship to patient. If not related, write " NONE ".)

7. (State nature and extent of any pecuniary interest in the admission of the patient to hospital. If none, write " NONE ".)

8.

(*a*) I am on the staff of the hospital named in the application. The patient is not to be accommodated in the hospital under section 5 of the National Health Service (Scotland) Act, 1947. The hospital is not a private hospital.

Delete (*a*) or (*b*).

OR

(*b*) I am not on the staff of the hospital named in the application.

9. I $\frac{\text{am}}{\text{am not}}$ a medical officer in the service of a local authority.

10. (*Delete if the medical practitioners making the recommendations examined the patient separately.*)

I examined the patient in company with [name of medical practitioner giving the other recommendation].

Neither the patient nor his/her nearest relative objected to a joint examination.

Signed.....

Date .....

* The date of examination must be not more than seven days from the date on which the patient was examined by the medical practitioner giving the other recommendation.

** Medical treatment is defined in section 111 of the Act as including nursing, and also including care and training under medical supervision.

FORM 4

GUARDIANSHIP APPLICATION BY NEAREST RELATIVE

(SECTION 25)

To [name of local health authority for the area in which the patient resides].

1. I [name and address of applicant] hereby apply for the reception of [name and address of patient] into the guardianship of [name and address of proposed guardian] in accordance with Part IV of the Mental Health (Scotland) Act, 1960.

2.

(*a*) I am the patient's nearest relative within the meaning of the Act, being the patient's [state relationship]*; (*delete the following words if not applicable*) I am caring for the patient;

OR

Delete (*a*) or (*b*).

(*b*) I have been authorised by the sheriff under section 48 of the Act to exercise the functions of the patient's nearest relative under the Act and a copy of the sheriff's order is attached to this application. The order is in full force and effect.

3. I last saw the patient on [date]†.

4. The patient's date of birth $\frac{\text{is}}{\text{is believed to be about}}$.....

5. The religious persuasion of the patient $\frac{\text{is}}{\text{is believed to be}}$.....

6. This application is founded on the accompanying medical recommendations.

7. ‡

8. (*This section should be deleted if the proposed guardian is the local health authority to whom the application is addressed.*)

(*a*) I am willing to act as guardian.

OR

Delete (*a*) or (*b*).

(*b*) I attach a statement by the person named as guardian above to the effect that he/she is willing to act as such.

Signed.....

Date .....

* See sections 45, 46 and 47 of the Act.

† The applicant must have seen the patient not more than fourteen days before the submission of the application to the sheriff for approval.

‡ If it has not proved practicable for the second recommendation to be given by the patient's general medical practitioner or another medical practitioner with previous acquaintance with the patient, the applicant should state the reasons here.

[Sections 45, 46 and 47 of the Act to be set out.]

FORM 5

GUARDIANSHIP APPLICATION BY MENTAL HEALTH OFFICER

(SECTION 25)

To [name of local health authority for the area in which the patient resides].

1. I [name and address of applicant] hereby apply for the reception of [name and address of patient] into the guardianship of [name and address of proposed guardian] in accordance with Part IV of the Mental Health (Scotland) Act, 1960.

2. I am an officer of [name of local health authority] appointed to act as a mental health officer for the purposes of the Act.

3. (*This section should be deleted if no consultation has taken place with nearest relative.*)

(*a*) I consulted on [date] [name and address] who to the best of my knowledge and belief is the patient's nearest relative within the meaning of the Act, being the patient's [state relationship] *(*delete the following words if not applicable*) he/she is caring for the patient;

Delete (*a*) or (*b*).

OR

(*b*) I consulted on [date] [name and address] who has been authorised by the sheriff to exercise the functions of the patient's nearest relative under the Act; AND have informed the person consulted of his/her right to object to this application in accordance with section 28 of the Act;

AND

(*c*) I understand that he/she does not object to this application being made.

Delete (*c*) or (*d*).

OR

(*d*) I understand that he/she objects to this application being made.

4. (*This section should be deleted if consultation has taken place with nearest relative.*)

(*a*) I have been unable to ascertain who is the patient's nearest relative within the meaning of the Act.

OR

Delete the TWO statements which do not apply.

(*b*) To the best of my knowledge and belief the patient has no nearest relative within the meaning of the Act.

OR

(*c*) To the best of my knowledge and belief [name and address] is

the patient's nearest relative within the meaning of the Act

authorised to exercise the functions of the patient's nearest relative under the Act but in my opinion it is not reasonably practicable to consult him/her before making this application because.....

5. I last saw the patient on [date]†.

6. The patient's date of birth is / is believed to be about .....

7. The religious persuasion of the patient is / is believed to be .....

8. This application is founded on the accompanying medical recommendations.

9. ‡

10. (*This section should be deleted if the proposed guardian is the local health authority to whom the application is addressed.*)

I attach a statement by the person named as guardian above to the effect that he/she is willing to act as such.

Signed.....

Date.....

* See sections 45, 46 and 47 of the Act.

† The applicant must have seen the patient not more than fourteen days before the submission of the application to the sheriff for approval.

‡ If it has not proved practicable for the second recommendation to be given by the patient's general medical practitioner or another medical practitioner with previous acquaintance with the patient, the applicant should state the reasons here.

[Sections 45, 46 and 47 of the Act to be set out.]

FORM 6

MEDICAL RECOMMENDATION FOR RECEPTION INTO GUARDIANSHIP

(SECTION 25)

1. I [name and address (or hospital appointment) of medical practitioner] being a registered medical practitioner, recommend that [name and address of patient] be received into guardianship in accordance with Part IV of the Mental Health (Scotland) Act, 1960.

2.

(*a*) I am the patient's general medical practitioner.

(*b*) I was otherwise acquainted with the patient prior to conducting the examination; (*state nature and extent of acquaintanceship*)

Delete (*a*), (*b*) or (*c*) if not applicable.

(*c*) I have been approved by..... Regional Hospital Board under section 27 of the Act as having special experience in the diagnosis or treatment of mental disorder.

3. I last examined the patient at [place of examination] on [date]*.

4. In my opinion the patient is suffering from † which requires or is susceptible to medical treatment within the meaning of the Act ** and is of a nature or degree which warrants his/her reception into guardianship for such treatment.

† Insert mental illness and/or mental deficiency.

AND

I am also of the opinion that

(*a*) the mental illness from which the patient is suffering $\frac{\text{is}}{\text{is not}}$ a persistent disorder manifested only by abnormally aggressive or seriously irresponsible conduct;

(*b*) the mental deficiency from which the patient is suffering $\frac{\text{is}}{\text{is not}}$ such that he/she is incapable of living an independent life or ~~of~~ guarding himself/herself against serious exploitation‡ and is likely to remain so incapable on reaching the age of 21.

Delete (*a*) or (*b*) unless both apply.

‡ Delete following words if patient is aged 21 or over, or if he is capable of living an independent life.

These opinions are based on the following grounds:—

(Full clinical description of patient's mental condition and, if possible, a statement of the immediate circumstances, including in particular the behaviour of the patient which gave rise to the application, and the source of information on those circumstances.)

5. I am of the opinion that it is necessary:—

(*a*) in the interests of the health or safety of the patient;

(*b*) for the protection of other persons;

Delete (*a*) or (*b*) unless both apply.

that he/she should be received into guardianship and my reasons for this opinion are:—

(Reasons should indicate why patient cannot appropriately be cared for without powers of guardianship.)

6. (State relationship to patient. If not related, write "NONE".)

7. (State nature and extent of any pecuniary interest in the reception of the patient into guardianship. If none, write "NONE".)

8. I $\frac{\text{am}}{\text{am not}}$ a medical officer in the service of a local authority.

9. (*Delete if the medical practitioners making the recommendations examined the patient separately.*)

I examined the patient in company with [name of medical practitioner giving the other recommendation]. Neither the patient nor his/her nearest relative objected to a joint examination.

Signed.....

Date.....

* The date of examination must be not more than seven days from the date on which the patient was examined by the medical practitioner giving the other recommendation.

** Medical treatment is defined in section 111 of the Act as including nursing, and also including care and training under medical supervision.

FORM 7

RENEWAL OF AUTHORITY FOR DETENTION IN HOSPITAL

(SECTION 39 OR PARAGRAPH 8 OF THE THIRD SCHEDULE)

(*This renewal of authority is to be sent both to the Mental Welfare Commission and to the Board of Management of the hospital in which the patient is liable to be detained.*)

To the Mental Welfare Commission

Delete as appropriate.

To the Board of Management of [name of hospital].

1. I have obtained the attached report by [name of medical practitioner from whom report was obtained] on the condition of [name of patient] who is liable to be detained in [name of hospital] and, taking that report into account, I am of the opinion that the patient is suffering from* and that it is necessary—

Delete (*a*) or (*b*) unless both apply.

(*a*) in the interests of the patient's health or safety;

(*b*) for the protection of other persons;

that the patient should continue to be liable to be detained under the Mental Health (Scotland) Act, 1960, beyond [date on which authority for detention is due to expire if not renewed].

2. The reasons why the patient cannot suitably be discharged from liability to detention are:—

(Indicate why other methods of care or treatment, including continued treatment in hospital without liability to detention, are not appropriate.)

Signed.....

Responsible Medical Officer

Date.....

* Insert mental illness and/or mental deficiency, and indicate—

(*a*) in the case of a patient suffering from mental illness, whether the mental illness is a persistent disorder manifested only by abnormally aggressive or seriously irresponsible conduct, or

(*b*) in the case of a patient suffering from mental deficiency, whether the mental deficiency is such that the patient is incapable of living an independent life or of guarding himself against serious exploitation (or is likely to be so incapable on reaching the age of 21).

FORM 8

MEDICAL REPORT ON CONDITION OF PATIENT LIABLE TO BE DETAINED IN HOSPITAL
(SECTION 39 OR PARAGRAPH 8 OF THE THIRD SCHEDULE)

1. I [name and address (or hospital appointment) of medical practitioner] being a registered medical practitioner, examined at [place of examination] on [date] [name of patient] and in my opinion the patient is $\frac{\text{suffering}}{\text{not suffering}}$ from*

2. I am also of the opinion that it is $\frac{\text{necessary}}{\text{not necessary}}$

(*a*) in the interests of the patient's health or safety;

(*b*) for the protection of other persons;

Delete (*a*) or (*b*) unless both apply.

that the patient should continue to be liable to be detained under the Mental Health (Scotland) Act, 1960.

3. My opinions are founded on the following grounds:—

(Full clinical description of patient's mental condition, and reasons for considering that the patient should or should not continue to be liable to be detained.)

Signed.....
Date .....

* Insert mental illness and/or mental deficiency, and indicate—

(*a*) in the case of a patient suffering from mental illness, whether the mental illness is a persistent disorder manifested only by abnormally aggressive or seriously irresponsible conduct, or

(*b*) in the case of a patient suffering from mental deficiency, whether the mental deficiency is such that the patient is incapable of living an independent life or of guarding himself against serious exploitation (or is likely to be so incapable on reaching the age of 21).

FORM 9

RENEWAL OF AUTHORITY FOR GUARDIANSHIP
(SECTION 39 OR PARAGRAPH 8 OF THE THIRD SCHEDULE)

(*This renewal of authority is to be sent both to the Mental Welfare Commission and to the local health authority concerned.*)

To the Mental Welfare Commission

To [name of local health authority concerned].

Delete as appropriate.

1. I have obtained the attached report by [name of medical practitioner from whom report was obtained] on the condition of [name of patient] who is subject to guardianship and, taking that report into account, I am of the opinion that the patient is suffering from* and that it is necessary—

(*a*) in the interests of the health or safety of the patient;

(*b*) for the protection of other persons;

Delete (*a*) or (*b*) unless both apply.

that the patient should continue to be subject to guardianship under the Mental Health (Scotland) Act, 1960, beyond [date on which authority for guardianship is due to expire if not renewed].

2. The reasons why the patient cannot suitably be discharged are:—

(Indicate whether other methods of care for the patient are available and, if so, why they are not appropriate.)

Signed.....
Responsible Medical Officer

Date.....

* Insert mental illness and/or mental deficiency, and indicate—

(*a*) in the case of a patient suffering from mental illness, whether the mental illness is a persistent disorder manifested only by abnormally aggressive or seriously irresponsible conduct, or

(*b*) in the case of a patient suffering from mental deficiency, whether the mental deficiency is such that the patient is incapable of living an independent life or of guarding himself against serious exploitation (or is likely to be so incapable on reaching the age of 21).

FORM 10

MEDICAL REPORT ON CONDITION OF PATIENT SUBJECT TO GUARDIANSHIP
(SECTION 39 OR PARAGRAPH 8 OF THE THIRD SCHEDULE)

1. I [name and address (or hospital appointment) of medical practitioner] being a registered medical practitioner, examined at [place of examination] on [date] [name of patient] and in my opinion the patient is $\frac{\text{suffering}}{\text{not suffering}}$ from*.

2. I am also of the opinion that it is $\frac{\text{necessary}}{\text{not necessary}}$

Delete (*a*) or (*b*) unless both apply.

(*a*) in the interests of the health or safety of the patient;

(*b*) for the protection of other persons;

that the patient should continue to be subject to guardianship under the Mental Health (Scotland) Act, 1960.

3. My opinions are founded on the following grounds:—

(Full clinical description of patient's mental condition, and reasons for considering that the patient should or should not continue to be subject to guardianship.)

Signed.....
Date .....

* Insert mental illness and/or mental deficiency, and indicate—

(*a*) in the case of a patient suffering from mental illness, whether the mental illness is a persistent disorder manifested only by abnormally aggressive or seriously irresponsible conduct, or

(*b*) in the case of a patient suffering from mental deficiency, whether the mental deficiency is such that the patient is incapable of living an independent life or of guarding himself against serious exploitation (or is likely to be so incapable on reaching the age of 21).

FORM 11

REPORT ON THE CONTINUATION OF AUTHORITY FOR DETENTION OF A PATIENT IN HOSPITAL AFTER AGE 25
(SECTION 40)

(*This report is to be sent both to the Mental Welfare Commission and to the Board of Management of the hospital in which the patient is liable to be detained.*)

Delete as appropriate.

To the Mental Welfare Commission
To the Board of Management of [name of hospital]

Name of patient .....
Date of attaining age 25.....

1. I have obtained the attached report by [name of medical practitioner from whom report was obtained] on the condition of the patient named above and, taking that report into account, I am of the opinion that the patient is suffering from* and that he/she should continue to be liable to be detained under the Mental Health (Scotland) Act, 1960, on the grounds that:—

* Insert mental illness and/or mental deficiency.

Delete (*a*) or (*b*).

(*a*) the mental disorder from which he/she is suffering would warrant the patient's admission to hospital under Part IV of the Act, being

Delete (i) or (ii) unless both apply.

(i) a mental illness other than a persistent disorder which is manifested only by abnormally aggressive or seriously irresponsible conduct;

(ii) mental deficiency such that he/she is incapable of living an independent life or of guarding himself/herself against serious exploitation;

OR

(*b*) the patient would be likely to act in a manner dangerous to himself/herself or other persons if discharged.

2. The reasons for my opinion are:—

(Full clinical description of patient's mental condition.)

Signed.....
Responsible Medical Officer
Date .....

FORM 12

MEDICAL REPORT ON CONDITION OF PATIENT LIABLE TO DETENTION IN HOSPITAL WHO IS APPROACHING AGE 25

(SECTION 40)

1. I [name and address (or hospital appointment) of medical practitioner] being a registered medical practitioner, examined at [place of examination] on [date] [name of patient].

2. (*Delete this section if it is considered that the patient should* NOT *continue to be detained.*)

In my opinion the patient is suffering from * and should continue to be liable to be detained under the Mental Health (Scotland) Act, 1960, on the grounds that:— * Insert mental illness and/or mental deficiency.

(*a*) the mental disorder from which he/she is suffering would warrant the patient's admission to hospital under Part IV of the Act, being Delete (*a*) or (*b*).

(i) a mental illness other than a persistent disorder which is manifested only by abnormally aggressive or seriously irresponsible conduct; Delete (i) or (ii) unless both apply.

(ii) mental deficiency such that he/she is incapable of living an independent life or of guarding himself/herself against serious exploitation;

OR

(*b*) the patient would be likely to act in a manner dangerous to himself/herself or other persons if discharged.

3. (*Delete this section if it is considered that the patient* SHOULD *continue to be detained.*)

In my opinion

(*a*) the patient is not suffering from mental disorder; Delete (*a*) or (*b*).

(*b*) the patient is suffering from mental disorder but that disorder would not warrant his/her admission to hospital under Part IV of the Act, and the patient would not be likely to act in a manner dangerous to himself/herself or other persons if discharged.

4. The reasons for my opinion are:—

(Full clinical description of patient's mental condition.)

Signed.....
Date .....

FORM 13

REPORT ON THE CONTINUATION OF GUARDIANSHIP OF A PATIENT AFTER AGE 25

(SECTION 40)

(*This report is to be sent both to the Mental Welfare Commission and to the local health authority concerned.*)

To the Mental Welfare Commission Delete as appropriate.

To [name of local health authority concerned].

Name of patient .....

Date of attaining age 25.....

1. I have obtained the attached report by [name of medical practitioner from whom report was obtained] on the condition of the patient named above and, taking that report into account, I am of the opinion that the patient is suffering from * and that he/she should continue to be subject to guardianship under the Mental Health (Scotland) Act, 1960, on the grounds that:— * Insert mental illness and/or mental deficiency.

(*a*) the mental illness from which the patient is suffering is not a persistent disorder manifested only by abnormally aggressive or seriously irresponsible conduct; Delete (*a*) or (*b*) unless both apply.

(*b*) the mental deficiency from which the patient is suffering is such that he/she is incapable of living an independent life or of guarding himself/herself against serious exploitation;

AND

the mental disorder from which he/she is suffering would warrant the patient's reception into guardianship under Part IV of the Act.

2. The reasons for my opinion are:—

(Full clinical description of patient's mental condition.)

Signed.....

Responsible Medical Officer

Date.....

FORM 14

MEDICAL REPORT ON CONDITION OF PATIENT SUBJECT TO GUARDIANSHIP WHO IS APPROACHING AGE 25

(SECTION 40)

1. I [name and address (or hospital appointment) of medical practitioner] being a registered medical practitioner, examined at [place of examination] on [date] [name of patient].

2. (*Delete this section if it is considered that the patient should* NOT *continue under guardianship.*)

* Insert mental illness and/or mental deficiency.

In my opinion the patient is suffering from * and should continue to be subject to guardianship under the Mental Health (Scotland) Act, 1960, on the grounds that:—

(*a*) the mental illness from which the patient is suffering is not a persistent disorder manifested only by abnormally aggressive or seriously irresponsible conduct;

Delete (*a*) or (*b*) unless both apply.

(*b*) the mental deficiency from which the patient is suffering is such that he/she is incapable of living an independent life or of guarding himself/herself against serious exploitation;

AND

the mental disorder from which he/she is suffering would warrant the patient's reception into guardianship under Part IV of the Act.

3. (*Delete this section if it is considered that the patient* SHOULD *continue under guardianship.*)

In my opinion

(*a*) the patient is not suffering from mental disorder;

Delete (*a*) or (*b*).

(*b*) the patient is suffering from mental disorder but that disorder would not warrant his/her reception into guardianship under Part IV of the Act.

4. The reasons for my opinion are:—

(Full clinical description of patient's mental condition.)

Signed.....

Date.....

FORM 15

RENEWAL OF AUTHORITY FOR DETENTION OF PATIENT WHEN DIRECTION RESTRICTING DISCHARGE CEASES TO HAVE EFFECT

(SECTION 69)

(This renewal of authority is to be sent both to the Mental Welfare Commission and to the Board of Management of the Hospital in which the patient is liable to be detained.)

To the Mental Welfare Commission

To the Board of Management of [name of hospital].

Delete as appropriate.

1. I have obtained the attached report by [name of medical practitioner from whom report was obtained] on the condition of [name of patient] who is detained in [name of hospital] and who ceases to be subject to a direction restricting discharge on [date on which restriction on discharge ceases to have effect].

2. Taking that report into account I am of the opinion that the patient is suffering from * and that it is necessary:—

(*a*) in the interests of the patient's health or safety;

(*b*) for the protection of other persons;

that the patient should continue to be liable to be detained under the Mental Health (Scotland) Act, 1960, beyond the date given at 1. above.

* Insert mental illness and/or mental deficiency.

Delete (*a*) or (*b*) unless both apply.

3. The reasons why the patient cannot suitably be discharged are:—

(Indicate why other methods of care or treatment, including continued treatment in hospital without liability to detention, are not appropriate.)

Signed.....
Responsible Medical Officer

Date.....

FORM 16

MEDICAL REPORT ON CONDITION OF PATIENT WHEN DIRECTION RESTRICTING DISCHARGE CEASES TO HAVE EFFECT

(SECTION 69)

1. I [name and address (or hospital appointment) of medical practitioner] being a registered medical practitioner, examined at [place of examination] on [date] [name of patient] and in my opinion the patient is $\frac{\text{suffering}}{\text{not suffering}}$ from *

* Insert mental illness and/or mental deficiency.

2. I am also of the opinion that it is $\frac{\text{necessary}}{\text{not necessary}}$

(*a*) in the interests of the patient's health or safety;

(*b*) for the protection of other persons;

that the patient should continue to be liable to be detained under the Mental Health (Scotland) Act, 1960, beyond the date on which he/she ceases to be subject to a direction restricting discharge.

Delete (*a*) or (*b*) unless both apply.

3. My opinions are founded on the following grounds:—

(Full clinical description of patient's mental condition, and reasons for considering that the patient should or should not continue to be liable to be detained.)

Signed.....

Date.....

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FORM 17

REPORT BY RESPONSIBLE MEDICAL OFFICER FOLLOWING ADMISSION TO HOSPITAL OF PATIENT REMOVED TO SCOTLAND

(SECTION 87)

(This report must be furnished to the board of management within twenty-eight days of the date of the patient's admission to the Scottish hospital.)

To the Board of Management of [name of Scottish hospital to which patient was admitted].

1. I examined on [date] [name of patient] who was previously a patient in [name of hospital in England and Wales or Northern Ireland] and who was admitted to this hospital on [date], and in my opinion the patient is suffering from *.

* Insert mental illness and/or mental deficiency.

2. I am also of the opinion that

(*a*) the mental illness from which the patient is suffering $\frac{\text{is}}{\text{is not}}$ a persistent disorder manifested only by abnormally aggressive or seriously irresponsible conduct;

Delete (*a*) or (*b*) unless both apply.

(*b*) the mental deficiency from which the patient is suffering $\frac{\text{is}}{\text{is not}}$ such that he/she is incapable of living an independent life or of guarding himself/herself against serious exploitation † and is likely to remain so incapable on reaching the age of 21.

† Delete following words if patient is aged 21 or over, or if he is capable of living an independent life.

Signed.....

Responsible Medical Officer

Date.....

FORM 18

REPORT BY RESPONSIBLE MEDICAL OFFICER FOLLOWING RECEPTION INTO GUARDIANSHIP OF PATIENT REMOVED TO SCOTLAND

(SECTION 87)

(This report must be furnished to the local health authority concerned within twenty-eight days of the date of the patient's reception into guardianship in Scotland.)

To [name of local health authority concerned]

1. I examined at [place of examination] on [date] [name of patient] who was previously under the guardianship of [name and address of former guardian in England and Wales or Northern Ireland] and who was received into the guardianship of [name and address of Scottish guardian] on [date].

* Insert mental illness and/or mental deficiency.

2. In my opinion the patient is suffering from * and

(*a*) the mental illness from which the patient is suffering $\frac{\text{is}}{\text{is not}}$ a persistent disorder manifested only by abnormally aggressive or seriously irresponsible conduct;

Delete (*a*) or (*b*) unless both apply.

(*b*) the mental deficiency from which the patient is suffering $\frac{\text{is}}{\text{is not}}$ such that he/she is incapable of living an independent life or of guarding himself/herself against serious exploitation† and is likely to be so incapable on reaching the age of 21.

† Delete following words if patient is aged 21 or over, or if he is capable of living an independent life.

Signed.....

Responsible Medical Officer

Date .....

FORM 19

CLASSIFICATION OF HOSPITAL PATIENTS DURING THE INITIAL PERIOD
(PARAGRAPH 4 (4) OF THIRD SCHEDULE)

Name of patient .....

Hospital in which detained.....

1. For the purposes of paragraph 4 (4) of the Third Schedule to the Mental Health (Scotland) Act, 1960, I hereby record that I am of the opinion that the patient named above is suffering from *.

* Insert mental illness and/or mental deficiency.

2. I am also of the opinion that

(*a*) the mental illness from which the patient is suffering $\frac{\text{is}}{\text{is not}}$ a persistent disorder manifested only by abnormally aggressive or seriously irresponsible conduct;

Delete (*a*) or (*b*) unless both apply.

(*b*) the mental deficiency from which the patient is suffering $\frac{\text{is}}{\text{is not}}$ such that he/she is incapable of living an independent life or of guarding himself/herself against serious exploitation† and is likely to remain so incapable on reaching the age of 21.

† Delete following words if patient is aged 21 or over, or if he is capable of living an independent life.

3. I am also of the opinion that the patient's mental disorder is of a nature or degree which warrants his/her being liable to be detained in a hospital for medical treatment within the meaning of the Act.**

Signed.....

Responsible Medical Officer

Date .....

** Medical treatment is defined in section 111 of the Act as including nursing, and also including care and training under medical supervision.

FORM 20

CLASSIFICATION OF PATIENTS UNDER GUARDIANSHIP DURING THE INITIAL PERIOD
(PARAGRAPH 4 (4) OF THIRD SCHEDULE)

Name and address of patient.....

Local health authority concerned.....

1. For the purposes of paragraph 4 (4) of the Third Schedule to the Mental Health (Scotland) Act, 1960, I hereby record that I am of the opinion that the patient named above is suffering from *.

* Insert mental illness and/or mental deficiency.

2. I am also of the opinion that

(*a*) the mental illness from which the patient is suffering $\frac{\text{is}}{\text{is not}}$ a persistent disorder manifested only by abnormally aggressive or seriously irresponsible conduct;

Delete (*a*) or (*b*) unless both apply.

(*b*) the mental deficiency from which the patient is suffering $\frac{\text{is}}{\text{is not}}$ such that he/she is incapable of living an independent life or of guarding himself/herself against serious exploitation† and is likely to remain so incapable on reaching the age of 21.

† Delete following words if patient is aged 21 or over, or if he is capable of living an independent life.

3. I am also of the opinion that the patient's mental disorder is of a nature or degree which warrants his/her retention under guardianship.

Signed.....

Responsible Medical Officer

Date .....

FORM 21

OPINION UNDER THIRD SCHEDULE AS TO DETENTION OF CERTAIN PATIENTS WHO REACH THE AGE OF 25 AFTER THE INITIAL PERIOD*

(PARAGRAPH 9 (3) OF THE THIRD SCHEDULE)

Name of patient.....

Hospital in which detained.....

Date of attaining age of 25 years.....

1. For the purposes of paragraph 9 (3) of the Third Schedule to the Mental Health (Scotland) Act, 1960, I hereby record that I am of the opinion that the patient named above is unfit for discharge.

2. My reasons for this opinion are:—

Signed.....
Responsible Medical Officer

Date.....

* A patient in respect of whom the responsible medical officer recorded under paragraph 4 (4) of the Third Schedule that he is suffering from—

(*a*) a mental illness which is a persistent disorder manifested only by abnormally aggressive or seriously irresponsible conduct; or

(*b*) mental deficiency such that he/she is capable of living an independent life or guarding $\frac{\text{himself}}{\text{herself}}$ against serious exploitation;

ceases to be liable to be detained if he reaches the age of 25 after the expiration of the initial period unless a report in this form is made.

This does *not* apply, however, to patients in the categories described in paragraphs 5 (4) and 11 (1) of the Schedule.

FORM 22

OPINION UNDER THIRD SCHEDULE WHEN RESTRICTION ON DISCHARGE CEASES TO HAVE EFFECT

(PARAGRAPH 13 OF THIRD SCHEDULE)

Name of patient.....

Hospital in which detained.....

Date of admission.....

For the purposes of paragraph 13 of the Third Schedule to the Mental Health (Scotland) Act, 1960, I hereby record that I am of the opinion that the patient named above is suffering from*.

* Insert mental illness and/or mental deficiency.

Signed.....
Responsible Medical Officer

Date.....

EXPLANATORY NOTE

(This Note is not part of the Regulations, but is intended to indicate their general purport.)

These regulations and the Schedule prescribe the forms to be used for the admission of patients to hospital or their reception into guardianship under Part IV of the Mental Health (Scotland) Act, 1960, and for certain other reports required under the Act in connection with detention or guardianship