



*Medical Practitioner Details*

Surname

First name(s)

Address Line 1

Line 2

Line 3

Postcode

*Detention Criteria*

As the medical practitioner named above, I declare that I have examined the patient. I am granting this emergency detention certificate because I believe the patient meets the following criteria for the reasons stated -

I consider it is likely that the patient has a mental disorder.

***Detail the reasons why you consider it is likely that the patient has a mental disorder***

DET 1\_1

(Please complete in black or blue ink. Lower case is permitted)

**Note**

**As detailed in section 328 (2) of the Act, a person is not mentally disordered by reason only of any of the following: sexual orientation; sexual deviancy; transsexualism; transvestism; dependence on, or use of, alcohol or drugs; behaviour that causes, or is likely to cause, harassment, alarm or distress to any other person; acting as no prudent person would act.**



*Detention Criteria (cont)*

- I consider it likely that because of this mental disorder, the patient's ability to make decisions about the provision of medical treatment for mental disorder is significantly impaired.

***Detail the reasons why you believe this to be the case***

DET 1\_2

I am satisfied that it is necessary as a matter of urgency to detain the patient in hospital for the purpose of determining what medical treatment for mental disorder the patient requires.

***Detail the reasons why you believe this to be the case***

DET 1\_3

I am satisfied that if the patient were not detained in hospital there would be a significant risk -

- to the patient's health, safety or welfare; or
- to the safety of any other person.

***Detail the reasons why you believe this to be the case***

DET 1\_4

- I am satisfied that making arrangements with a view to the grant of a short-term detention certificate would involve undesirable delay.

***Please give details of the efforts which were made with respect to the granting of a short-term detention certificate***

DET 1\_5









*Record Of Notice Given*

The following were informed that the emergency detention certificate was granted within 12 hours of the hospital managers receiving the emergency detention certificate

**Shade as appropriate**

- The Mental Welfare Commission by phone on **0131 222 6111**

**Note:**

i) It is the hospital managers' responsibility to ensure that arrangements have been made for contacting the Mental Welfare Commission out of hours.

ii) A copy of this emergency detention certificate (part 1 of this form) and the notifications to be made by the hospital managers (part 2 of this form) should be sent to the Mental Welfare Commission as soon as practicable after receiving the certificate, and no later than 7 days after receiving the certificate.

- The patient  
 Patient's nearest relative

**Full name and address of patient's nearest relative, as defined in section 254 of the Act**

Phone number (if known)

- Any person who resides with the patient (if the patient's nearest relative does not reside with the patient)

Phone number (if known)

- Patient's named person (if known, and neither of the above)

**Full name and address of the patient's named person**

Phone number (if known)





