





*Detention Criteria (cont)*

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

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

DET 2\_2

I am satisfied that it is necessary to detain the patient in hospital for the purpose of:

- determining what medical treatment for mental disorder should be given to the patient; or
- giving medical treatment to the patient.

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

DET 2\_3

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

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

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

DET 2\_4



*Detention Criteria (cont)*

- I am satisfied that the granting of this short-term detention certificate is necessary.

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

DET 2\_5

- Immediately before my examination of the patient, he / she was not detained in hospital under the authority of:
- (a) a short-term detention certificate;
  - (b) an extension certificate;
  - (c) section 68 of this Act (extension of short-term detention pending determination of compulsory treatment order application); or
  - (d) a certificate granted under section 114(2) or 115(2) of this Act. (Compulsory treatment order: detention pending review or application for variation, & interim compulsory treatment order: detention pending further procedure).
- I certify that I have no conflict of interest as defined by the regulations.







*Patient Pre Detention Status*

- The patient was detained in hospital prior to the grant of this certificate.
- The patient was in hospital prior to the grant of this certificate as an informal patient.
- The patient was NOT in hospital prior to the grant of this certificate.

**Please provide details, where relevant, of any transportation and accommodation arrangements which you have made with respect to transferring the patient to hospital.**

DET 2\_8

*Certification*

Date of examination	dd	mm	yyyy	AT	time (24 hr clock)
	□□	/ □□	/ □□□□		□□ : □□
Date the certificate was granted	□□	/ □□	/ □□□□	AT	□□ : □□

**Note**

The certificate needs to be granted within three days of the completion of the medical examination

- I have completed the section at the end of this form relating to the patient's ethnicity.

Signed by the AMP

**Note:**

If the patient is not in hospital immediately before the certificate is granted, the patient's detention in hospital under the authority of this certificate is only authorised if the certificate was given to the managers of the hospital before the patient was first admitted to hospital

If the patient is in hospital immediately before the certificate is granted, the AMP shall as soon as practicable after granting the certificate, give the certificate to the managers of that hospital.

**This certificate must now be given to the hospital managers**





Record Of Notice Given (cont)

Any welfare attorney of the patient (See Note)

**Full name and address of patient's welfare attorney - if applicable**

The above parties were notified by:      Date      

dd
<input type="text"/>

 / 

mm
<input type="text"/>

 / 

yyyy
<input type="text"/>

Provide the date on which the last of these parties was notified

**Note**

"Guardian" means a person appointed as a guardian under the Adults with Incapacity (Scotland) Act 2000 (asp 4) who has power by virtue of section 64(1)(a) or (b) of that Act in relation to the personal welfare of a person, where they have the power to consent

"Welfare attorney" means an individual authorised, by a welfare power of attorney granted under section 16 of the Adults with Incapacity (Scotland) Act 2000 (asp 4) and registered under section 19 of that Act, to act as such, where they have the power to consent

Notification with a copy of the certificate was given within 7 days of it being granted to:

**Shade as appropriate**

- The Mental Health Tribunal for Scotland
- The Mental Welfare Commission
- The hospital managers have fulfilled their obligations under section 260 of the Act.

Date:      

<input type="text"/>
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 / 

<input type="text"/>
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 / 

<input type="text"/>
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Provide the date on which the last of these parties was notified

**Completion Details**

Part 2 of form completed by:

First Name & Surname      

<input type="text"/>
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Date      

dd
<input type="text"/>

 / 

mm
<input type="text"/>

 / 

yyyy
<input type="text"/>

Signature      

<input type="text"/>
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Job Title      

<input type="text"/>
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