



Approved Medical Practitioner Details

Surname

[Grid for Surname]

First Name

[Grid for First Name]

Title

[Grid for Title]

Address

Line 1

[Grid for Address Line 1]

Line 2

[Grid for Address Line 2]

Line 3

[Grid for Address Line 3]

Postcode

[Grid for Postcode]

GMC NUMBER

[Grid for GMC Number]

Approved under section 22 of the Act by:

Health Board

[Grid for Health Board]

I, the AMP, examined the patient on:

dd / mm / yyyy

at time (24 hr clock)

Note: The extension certificate MUST be granted within 24 hours beginning with the completion of the medical examination.

Short Term Detention Details

The patient is detained in :

Hospital

[Grid for Hospital]

Ward / Clinic

[Grid for Ward / Clinic]

on a short-term detention certificate which is due to expire at midnight on: dd / mm / yyyy

Detention Criteria

I consider that the patient has the following type(s) of mental disorder - (shade ALL that apply to this patient)

- mental illness
personality disorder
learning disability

Detail the reasons why you believe the patient has a mental disorder

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

DET4\_1

[Large empty box for detailing reasons]



*Detention Criteria (cont)*

- I consider that because of the 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***

DET4\_2

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

- determining what medical treatment should be given to the patient; or
- giving medical treatment to the patient;

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

DET4\_3

and 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; and

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

DET4\_4



*Reasons For Extension Certificate*

- I am satisfied that because of a change in the mental health of the patient, an application should be made under section 63 of the Act for a compulsory treatment order.

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

DET4\_5

- No application has yet been made for a compulsory treatment order
- It would not be reasonably practicable to make an application for a compulsory treatment order before the expiry of the period of detention authorised by the short-term detention certificate.

***(Detail the reasons why you believe it would not be reasonably practicable to make an application for a compulsory treatment order before the expiry of the period of detention authorised by the short-term detention certificate.)***

DET4\_6

- I certify that I have no conflict of interest as defined by the regulations





Notice will be given to the following parties within 24 hours beginning with the granting of the certificate.

*Notice to include: notice of the granting of the certificate; the AMP's reasons for why s/he believed the conditions in section 44(4) (a) to (d) (as detailed on pages 3 & 4) are met in respect to the patient; as to whether the consent of the MHO was obtained to the granting of the certificate; and if the certificate was granted without consent to its granting having been obtained from the MHO, the reason why it was impracticable to consult the MHO.*

**Shade as appropriate**

- The patient
- The patient's named person
- The patient's MHO

- Any guardian of the patient
- Any welfare attorney of the patient

See note 1

A copy of the whole of form DET 4 will be sent to the following parties within 24 hours beginning with the granting of the certificate. -

- The Mental Health Tribunal for Scotland
- The Mental Welfare Commission
- This certificate will be given to the hospital managers within 24 hours beginning with the granting of the certificate.

Signed By The AMP Granting  
This Certificate

Date      dd      mm      yyyy      at      time (24 hr clock)

/  /       at       :

**Note1**

"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

