

Form CP 7

Regulation 20

Mental Health Act 1983 section 17F - revocation of a community treatment order

PART I

(To be completed by the Responsible Clinician)

(full name and address)

I

am the responsible clinician for

(full name and address of community patient)

who is detained in

(name and address of hospital)

having been recalled to hospital under section 17E(1) of the Act.

In my opinion:

- (a) the patient is suffering from mental disorder of a nature or degree which makes it appropriate for the patient to receive medical treatment in a hospital

AND

- (b) it is necessary for:-
(i) for the patient's own health;
(ii) for the patient's own safety;
(iii) for the protection of other persons,

that this patient should receive treatment in hospital

(delete the indents not applicable)

Please turn over

Form CP 7 (Cont'd)

AND

- (c) such treatment cannot be provided unless the patient is detained for medical treatment under the Act

because

(your reasons should cover (a), (b) and (c) above. As part of them describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; say whether other methods of care or treatment (e.g. out-patient treatment or social services) are available and, if so, why they are not appropriate; indicate why informal admission is not appropriate.)

I am also of the opinion that, taking into account the nature and degree of the mental disorder from which the patient is suffering and all the other circumstances of the case, appropriate medical treatment is available for the patient at the hospital named above.

Signed: the Responsible Clinician

Date:

Form CP 7 (Cont'd)

PART 2

(To be completed by an Approved Mental Health Professional)

(full name and address)

I

am acting on behalf of

(name of local social services authority)

(delete as appropriate)

(name of LSSA that approved you)

and am approved to act as an approved mental health professional for the purposes of the Act by that authority/

I agree that:

- (i) the above patient meets the criteria for detention in hospital set out above
- AND
- (ii) it is appropriate to revoke the community treatment order.

Signed: an Approved Mental Health Professional

Date: **Time:**

Form CP 7 (Cont'd)

PART 3

(To be completed by the Responsible Clinician)

I exercise my power under section 17F(4) to revoke the community treatment order in respect of the patient named in Part I who has been detained in hospital since

(time and date)

on having been recalled under

section 17E(1).

Signed: the Responsible Clinician

Date:

PART 4

(To be completed on behalf of the hospital managers)

The community treatment order in respect of the above named patient was revoked

(time and date)

at on and the patient is now

(name of hospital)

detained in

Signed: on behalf of the hospital managers

Name:

Date: