

# Second Opinion Request

**Instructions** v7.1

The following form is to be used to request the Mental Welfare Commission to arrange a second opinion visit:

**Patient Details**

CHI Number

Surname

First Name (s)

DoB  /  /   
dd / mm / yyyy

Patient's home address

Postcode

If under 18, is the RMO a child specialist? (leave blank if not under 18)  Yes  No

Does patient have learning disabilities:  Yes  No

Current order (e.g. STDC or CTO)

Date this MHA episode commenced (i.e. date of the first order in this episode e.g. EDC, STDC)  /  /

Hospital

Ward / Clinic

Direct phone number of the Ward/ Clinic:

Details of visit location if not a hospital e.g. clinic/ resource centre:

If the visit can only be done at the patient's home address, please list the name, contact telephone number and email address of the appropriate staff escort to accompany the DMP, e.g. CPN, social worker, support worker.

CPN name and contact details (if applicable)

Where are the patient's medical records and medication prescription sheet located?





**Treatment**

For medication to reduce sex drive?  Yes  No

(T3B required from the beginning of treatment other than for urgent treatment given under s243.)

For other medication (i.e. medication other than medication to reduce sex drive)?  Yes  No

If there is a T3B currently in place for such medication, please enter the expiry date of that T3B:

/  /

Is Clozapine one of the treatments?  Yes\*  No \* If Clozapine, what route is it to be given? (leave blank if no)

For ECT?  Yes  No If ECT is it for "maintenance ECT"?  Yes  No

(T3A required from the beginning of treatment other than for urgent treatment given under s243.)

Artificial nutrition e.g. by NG or PEG?  Yes  No

(T3B required from the beginning of treatment other than for urgent treatment given under s243.)

If there is a T3B for artificial nutrition currently in place, please enter the expiry date:

/  /

Medication beyond 2 months - medication other than medication to reduce sex drive

If the request is for medication (other than medication to reduce sex drive), will this be the first T2B or T3B in the current Mental Health Act (MHA) episode?  Yes  No

If yes, what was the first date on which any medication was administered to the patient as mental health treatment after the current MHA episode started (medication other than medication to reduce sex drive). If the MHA episode started with an EDC, medication given during the EDC period counts.

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(This is important. We need to know this. The first T2B or T3B for medication other than medication to reduce sex drive is due two months after this date. The DMP is required to put this date on the T3B if there has not already been a T2B or T3B in the MHA episode for medication beyond 2 months.)

We would like to receive the SOP1 form to request for a DMP visit (for first T3B) at least 14 days before the T3B is due. This will give us time to arrange the DMP visit. We can accept the SOP1 up to 21 days before the T3B is due.

If this request is for medication and there is an existing T3B for medication in place, does the medication you are asking the DMP to consider authorising include any medication that is not currently covered by that T3B?

If so, please list that medication. (If this is not applicable, please leave blank and go to the next section.)

If this request includes depot antipsychotic that the patient is already receiving, when is the next dose of their depot due?

/  /



**Report by RMO for Designated Medical Practitioner**

Name and contact details of any Named Person

Name and contact details of any welfare proxy (i.e. active welfare power of attorney that is operational or welfare guardian). Leave blank if none.

Does patient have an Advance Statement?     Yes     No

Date of Advance Statement      /   /

Location of any Advance Statement

Please confirm that case notes, prescription sheet, current treatment certificate (if there is one) and MHA documentation are available for the DMP     Yes     No

What action has been taken to confirm this?

**Clinical Summary**

Background and Psychiatric History

Current Mental State

Diagnosis/diagnoses (If patient has learning disability, please describe their level of learning disability and their ability to communicate. This will help us to allocate the visit to a DMP.)



