

Write clearly within the boxes in

and in BLACK or BLUE ink

BLOCK CAPITALS

The following form is to be used:

by the patient's RMO to notify the Mental Welfare Commission where there has been a review of a resoned opinion leading to the designation of a specified person in relation to prohibition / restriction of the use of telephones, or to other measures taken to ensure safety and security in hospitals.

Where not completing this form electronically, to ensure accuracy of information, please observe the following conventions:

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Not like this ->	\mathbf{X}

Where a text box has a reference number to the left, you can extend your response on plain paper where there is insufficient space in the box. Extension sheet(s) should be clearly labelled with Patient's name and CHI number, and each extended response should be labelled with the appropriate text box reference number.

Patient Details																												
CHI Number																												
Surname																							Τ	Τ	Τ			
First Name (s)																						<u> </u>	Ť	\pm				
Other / Known As																							1	+				
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First Name																						+	Ť	T	Ť			
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Hospital																						Τ						
Ward / Clinic (If appropriate)																							Ī					
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Health Board NHS]
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Reasoned Opinion Deta	ails																											
I, the RMO named above	, ma	ade	a re	easo	one	d op	oinic	on o	n			Da	te]/				/						

that the patient is a specified person as defined in	
regulations in relation to	

○ Use of Telephones

O Safety and Security in Hospitals



		to be completed by the RMO
Reasoned Opinion Review Details		
The specified person requested a review of that reasoned opinion on	Date	
A review of the reasoned opinion was undertaken on:	Date	
As part of the review, I considered representations from:	\bigcirc the specifi \bigcirc the specifi	ied person ied person's named person

The outcome of the review of the reasoned opinion, for the reasons stated below, was that:

 \bigcirc the patient should continue to be defined as a specified person

 \bigcirc it is no longer necessary for the patient to be defined as a specified person

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Notifications

Notification to patient (shade as appropriate)

 \bigcirc I informed the patient of the outcome of this review, OR

 \bigcirc I did not inform the patient as it would be prejudicial to their health or treatment

Notification to others

Regulations require that the patient's named person and the Commission be informed of the outcome of this review.

Signed by the RMO	
Date dd / mm / yyyy	

