RES 3

Shade circles like this ->

Not like this ->

Implementation of measures to restrict the use of telephones

ln				

The following form is to be used:

Write clearly within the boxes in BLOCK CAPITALS

and in BLACK or BLUE ink

where the patient's RMO has restricted or prohibited the patient's use of a telephone under section 284 of the Act.

For example

Note: this notification will supersede ALL previous telephone restriction notifications relating to the patient detailed below

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

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

labelled with the appropr									Pati	ent's	s na	me a	and	CHI	nun	iber	, and	d ea	ch e	exter	nded	i res	pon	se s	houl	d be
Patient Details																										
CHI Number																										
Surname																										
First Name (s)																										
Other / Known As																										
	'Other / Known As' could include any name / alias that the patient would prefer to be known as.														· 											
Title												G	ende		0	Fen	nale	0	Pref	ers r	ot to	sav	10	Not li	isted	
DoB]/			/						lf			l, ple			Г								
I confirm that the patient is detained under the care of:																										
Hospital																										
Ward / Clinic																										
RMO Details																										
Surname																										
First Name																									\Box	
Title												•	•	•				•	•		•	•				
Hospital																										
Ward / Clinic (If appropriate)																										
Telephone No.																										
e-mail address															l	l	J 									
Approved under section	n 22 c	of th	e A	ct by	/ :																					
Health Board NH	S																									



	To be completed by the Hospital managers
Prohibition or restriction details	
The RMO (named on page 1) made the decision	O prohibit telephone calls to or by the specified person O restrict telephone calls to or by the specified person
The decision was made on:	Date / /
The prohibition or restriction will cease on:	Date / / /
Where restrictions are placed on telephone calls to or by the s	pecified person, the nature of the restriction(s) is/are:
The grounds for the prohibition or restriction are:	



		11 14 1 2 2
I o bo comp	lated by the	Hospital Managers
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Notifications

Notification to patient (shade as appropriate)

- O I informed the patient of the prohibition or restriction of the use of telephones, OR
- O I did not inform the patient as the RMO believed it would be prejudicial to the patient's health or treatment

Notification to others

Regulations require that the patient's named person and the Mental Welfare Commission be informed of the prohibition or restriction of the use of telephones

Completed by:														
Surname														
First Name														
Job Title														
Signature														
Date]/]/										



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