

Implementation of measures to restrict the use of telephones

Instructions

The following form is to be used:

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

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

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

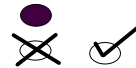
Write clearly within the boxes in
BLOCK CAPITALS
and in BLACK or BLUE ink

For example

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Shade circles like this ->

Not like this ->



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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name (s)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Other / Known As

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

'Other / Known As' could include any name / alias that the patient would prefer to be known as.

Title

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DoB

		/			/						
--	--	---	--	--	---	--	--	--	--	--	--

Gender

Male Female Prefers not to say Not listed

If not listed, please specify

--	--	--	--	--	--	--	--

I confirm that the patient is detained under the care of:

Hospital

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Ward / Clinic

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

RMO Details

Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Title

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Hospital

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Ward / Clinic (If appropriate)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Telephone No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

e-mail address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Approved under section 22 of the Act by:

Health Board NHS

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



Prohibition or restriction details

The RMO (named on page 1) made the decision

- prohibit telephone calls to or by the specified person
- 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 specified person, the nature of the restriction(s) is/are:

1	
---	--

The grounds for the prohibition or restriction are:

2	
---	--



