London Borough of Enfield

Approved Mental Health Professional Assessment Form

- For use when compulsory powers are being considered

SSM1

Barnet, Enfield and Haringey RIO number: 11214451

Copy for: Service user file

Social Services

records

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	Please note this form can be completed electronically or in hard copy. To complete this form electronically, please the use mouse pointer or the tab key on the keyboard to go to the next form field.		
	s details	Male ☐ Female	Age/DoB 26 Jan 1981 (35 years old)
Name	Simon Cordell 109 Burncroft Avenue, Enfield,	Ethnic origin (DoH coding)	Dual heritage, white & black Caribbean
Address	Middlesex Post Code EN3 7JQ	Religion	Not discussed during assessment
		Preferred language	English
Phone no.	07961833021	Interpreter needed?	☐ Yes
		Assessing AMHP	Sam Curtis
Service	s involved (Please state name, address, ph	one no.)	
Hospital	Not applicable	· ·	
Consultant Dr Kripalani, Consultant Psychiatrist, Luci 305 - 309 Fore Street, Edmonton, London			3100
GP	Nightingale House Surgery , 1 Nightingale Road ,N9 8AJ Tel: 020 88059997		
/CMHN / CMHT	Goodie Adama, Care Coordinator and C 305 - 309 Fore Street, Edmonton, London	•	•
Social wo (Section '	orker/responsible local authority 117) None	:	
Nearest relative		Informed? Consulted?	⊠ Yes □ No □ Yes □ No
Name	Lorraine Cordell	Objected?	Yes No
Address	23 Bryon Terrace, Edmonton	Reason not informed/cons	sulted n/a
	Postcode N9 7DG	Nearest relative notified of Letter sent?	f admission? ☐ Yes ☐ No ☐ Yes ☐ No
Age/DoB	Over 18	Reason why not notified	
Relationship to patient Mother		Nearest relative informed of their legal rights? Yes No Names and contact information for significant others:	
Patient'	s rights		
Was the par	tient made aware of his/her legal status and rights und	er the 1983 Mental Health Act at	time of interview? ⊠ Yes □ No
If 'No', pleas above	se state date when he/she was made aware of		

