

Approved Mental Health Professional Assessment FormCopy for: Service user file
Social Services records
GP

- For use when compulsory powers are being considered

Please note this form can be completed electronically or in hard copy. To complete this form electronically, please use the mouse pointer or the tab key on the keyboard to go to the next form field.

Patient's details

Name	Simon Cordell		
Address	109 Burncroft Avenue Enfield London Postcode EN37JQ		
Phone no.	02082457454/07961833021		

<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Age/DoB	33 / 26/01/1981
Ethnic origin (DoH coding)	Mixed UK	
Religion	None	
Preferred language	English	
Interpreter needed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Assessing AMHP	M Garrord/ I Anjaneyan	

Services involved (Please state name, address, phone no.)

Hospital	Chase Farm Hospital, The Ridgeway, Enfield, EN2 8JL		
Consultant	Dr Helen Moorey, ECRHT, Ivy House, Chase Farm Hospital, The Ridgeway, Enfield, EN2 8JL Tel: 02087025060		
GP	Dr. Warren, Nightingale House surgery, 1 Nightingale Road, Edmonton, N98AJ Tel: 08444778933		
CMHN/CMHT	Enfield CRHT		
Social worker/responsible local authority (Section 117)	London Borough of Enfield		

Nearest relative

Name	Lorraine Cordell		
Address	23 Byron Terrace Edmonton Postcode N97DG		
Phone no.	079807333545		
Age/DoB	/		
Relationship to patient	Mother		

Informed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Consulted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Objected?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Reason not informed/consulted	
Nearest relative notified of admission?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Letter sent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason why not notified	Not admitted
Nearest relative informed of their legal rights?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Names and contact information for significant others:	

Patient's rights

Was the patient made aware of his/her legal status and rights under the 1983 Mental Health Act at time of interview? Yes No

If 'No', please state date when he/she was made aware of above

Assessment details

Date of initial referral	20/11/2014	Date of assessment	25/11/2014
Place of assessment	Patient Home		
Medical recommendations from:	Please select if Sec.12 doctor or GP		
Dr. Moorey (No med rec)	Date	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dr. Albazaz	Date	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Any delays in admission process?	Not applicable		
Time assessment:	Started	9.00	Completed 15.30

Legal status at time of assessment

<input checked="" type="checkbox"/> Inf.	<input type="checkbox"/> Sec.135
<input type="checkbox"/> Sec.2	<input type="checkbox"/> Sec.136
<input type="checkbox"/> Sec.3	<input type="checkbox"/> Detained by Police, not under Sec.136
<input type="checkbox"/> Sec.4	<input type="checkbox"/> CTO
<input type="checkbox"/> Sec.5(2)	<input type="checkbox"/> Other
<input type="checkbox"/> Sec.7	

Legal status at end of assessment

<input checked="" type="checkbox"/> No admission
<input type="checkbox"/> Informal admission
<input type="checkbox"/> Remains informal inpatient
<input type="checkbox"/> Detained under Sec.2
<input type="checkbox"/> Detained under Sec.3
<input type="checkbox"/> Detained under Sec.4
<input type="checkbox"/> Placed under Sec.7
<input type="checkbox"/> CTO Yes <input type="checkbox"/> No <input type="checkbox"/> Renewal <input type="checkbox"/> Revoke <input type="checkbox"/>
<input type="checkbox"/> Other

Outcome details

Date admitted/detained		Time of admission	
Admitted/detained at:	Hospital/Unit Not admitted		
Ward			