London Borough of Enfield SSM1

## **Approved Mental Health Professional Assessment Form**

- For use when compulsory powers are being considered

1058177

Copy for: Service user file Social Services records

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.												
Patient's	details					Male	☐ Female	Age/Do	ов 33 / 26/0	01/1981		
Name Address	Simon Cordell  109 Burncroft Avenue					Ethnic origin (DoH coding) Religion			Mixed UK None			
<sup>2</sup> hone no.	Enfield London						anguage needed?	☐ Yes				
					]	Assessing	AMHP	IVI Gan	M Garrord/ I Anjaneyan			
Services	involved	l (Please s	tate name	e, address, ph	one i	10.)						
Hospital	Chase Farm Hospital, The Ridgeway, Enfield, EN					L						
Consultant						n Hospital, The Ridgeway, Enfield, EN2 8JL Tel: 02087025060						
ЗP	Dr. Wai	rren, Nighting	ale House	surgery, 1 Nightir	Road, Edmo	onton, N98AJ	Tel: 08444	1778933				
CMHN/CMH												
Social worker/responsible local authority (Section 117) London Borough of Enfield												
Nearest I		and all			<b> </b> 	Informed? Consulted? Objected?	?			⊠ Yes ⊠ Yes □ Yes	□ No □ No ⊠ No	
Name	Loraine C				-	t informed/co	nsulted [					
Address	23 Byron Terrace									☐ Yes	⊠ No	
Edmonton						Letter sent?						
<b>5</b> 1	Postcode N97DG					Reason why not notified Not admitted						
Phone no.	079807333545					Nearest relative informed of their legal rights? ☐ Yes ☐ No						
Age/DoB	to patient   Mother					Names and contact information for significant others:						
Relationship	to patient	iviourier			J							
Patient's	rights				Ī							
		ware of his/he	er legal stat	us and rights und	<b>l</b> ler the	1983 Ment	al Health Act	at time of i	nterview?		□ No	
•			-	aware of above			· · · · · · · · · · · · · · · · · · ·					
Assessm	nent deta	ils					_		s at time o		sment	
Date of initial	l referral	20/11/201	4 Da	ite of assessment	: 2	25/11/2014	□ ⊠ In □ □ Se	r. ec.2	☐ Sec.135 ☐ Sec.136			
Place of assessment Patient Home							I ==	ec.3	Detained	d by Police	e, not	
Medical recommendations from: Please select if Se					ec.12	doctor or G	• =	ec.4	under Se	∍c.136		
Dr. Moorey	y (No med r	ec)	Date		$\triangleright$			ec.5(2) ec.7	☐ Other			
Dr. Albaza	Z		Date		×	3 C						
Any delays in admission process? Not applicable									s at end of	assess	ment	
Time assessment: Started 9.00 Completed						15.30	=	o admissio formal adr				
							<del>-</del>		ormal inpatie	nt		
Outcome details							= =	etained un				
Date admitted/detained Time of admission							ı =	etained un etained un				
Admitted/detained at: Hospital/Unit Not admitted								aced unde				
Ward									No 🗌 Rene	wal 🗌 Re	voke 🗌	
							0	ther		Oct	ober 2009	

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