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

GP

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		Male ☐ Female	Age/DoB 26 Jan years of	1981 (35 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	
Services	s involved (Please state name, address, ph	one no.)		
Hospital	Not applicable			
Consultant	Dr Kripalani, Consultant Psychiatrist, Lu	•	 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	•		se,
Social woi (Section 1	rker/responsible local authority None)		
Nearest relative		Informed? Consulted?	⊠ Yes □ Yes	□ No □ No
Name	Lorraine Cordell	Objected?	Yes	□ No
Address	23 Bryon Terrace, Edmonton	Reason not informed/cons		
	Postcode N9 7DG	Nearest relative notified of Letter sent?	admission?	☐ Yes ☒ No ☐ Yes ☒ No
Age/DoB	Over 18	Reason why not notified		
Relationship to patient Mother		Nearest relative informed on Names and contact inform		⊠ Yes □ No
			<u></u>	
Patient's	s rights			
	ient made aware of his/her legal status and rights und	ler the 1983 Mental Health Act at	time of interview?	⊠ Yes □ No
f 'No', please state date when he/she was made aware of above				
				

