

Approved Mental Health Professional Assessment Form

- For use when compulsory powers are being considered

Copy for: Service user file
Social Services records
GPPlease note this form can be completed electronically or in hard copy. To complete this form electronically, please use 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 ave Enfield Middx Postcode EN3 7JQ		
Phone no.	07763043933		

<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Age/DoB	35 / 26/01/1981
Ethnic origin (DoH coding)	Black British Mixed Race	
Religion	Not disclosed	
Preferred language	English	
Interpreter needed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Assessing AMHP	Margaret Garrod	

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

Hospital	
Consultant	Discharged from EIS in March 2016
GP	Dr Chong Nightingale House Sgy 1 Nightingale Road N9 8AJ 0208 805 9997
CMHN/CMHT	Formerley Early Intervention Service
Social worker/responsible local authority (Section 117)	London Borough of Enfield

Nearest relative

Name	Mrs Lorraine Cordell		
Address	23 Byron Terrace Edmonton London Postcode N9 7DG		
Phone no.	02082457454		
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Letter sent?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Reason why not notified	
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	15/08/2016	Date of assessment	15/08/2016
Place of assessment	Wood Green Police Station		
Medical recommendations from:	Please select if Sec.12 doctor or GP		
Dr. Albazaz	Date 15/08/2016	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dr. Amin	Date 15/08/2016	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Any delays in admission process?	N/A		
Time assessment:	Started 12:30 PM	Completed	4:40 PM

Legal status at time of assessment

<input type="checkbox"/> Inf.	<input type="checkbox"/> Sec.135
<input type="checkbox"/> Sec.2	<input type="checkbox"/> Sec.136
<input type="checkbox"/> Sec.3	<input checked="" 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 type="checkbox"/> No admission
<input type="checkbox"/> Informal admission
<input type="checkbox"/> Remains informal inpatient
<input checked="" 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	16/08/2016	Time of admission	4:30 AM
Admitted/detained at:	Hospital/Unit St Ann's Hospital Ward Haringey Assessment Ward		