

**Approved Mental Health Professional Assessment Form**Copy 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 ave Enfield Middx Postcode EN3 7JQ		
Phone no.	07763043933		

<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Age/DoB	/ 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	anthony manning	

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

Hospital	chase farm
Consultant	Jonathan Greensides
GP	Dr Chong Nightingale House Sgy 1 Nightingale Road N9 8AJ 0208 805 9997
CMHN/CMHT	North locality team
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	25/10/2018	Date of assessment	25/10/2018
Place of assessment	Wood Green Police Station		
Medical recommendations from:	Please select if Sec.12 doctor or GP		
Dr. P Keane	Date 25/10/2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dr. S Hewitt	Date 25/10/2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Any delays in admission process?	N/A		
Time assessment:	Started 3:30 PM	Completed	6:30 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	25/10/2018	Time of admission	6:30 PM
Admitted/detained at:	Hospital/Unit chase farm		
Ward	Dorset		