

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 hardcopy. 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

Name	Simon Cordell
Address	109 Burncroft Avenue, Enfield, Middlesex Post Code EN3 7JQ
Phone no.	07961833021

<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Age/DoB	26 Jan 1981 (35 years old)
Ethnic origin (DoH coding)	Dual heritage, white & black Caribbean	
Religion	Not discussed during assessment	
Preferred language	English	
Interpreter needed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Assessing AMHP	Sam Curtis	

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

Hospital	Not applicable
Consultant	Dr Kripalani, Consultant Psychiatrist, Lucas House, 305 - 309 Fore Street, Edmonton, London, N9 0PD, Tel: 020 8702 3100
GP	Nightingale House Surgery , 1 Nightingale Road ,N9 8AJ Tel: 020 88059997
/CMHN / CMHT	Goodie Adama, Care Coordinator and Community Mental Health Nurse, Lucas House, 305 - 309 Fore Street, Edmonton, London, N9 0PD, Tel: 020 8702 3100
Social worker/responsible local authority (Section 117)	None

Nearest relative

Name	Lorraine Cordell
Address	23 Bryon Terrace, Edmonton Postcode N9 7DG
Age/DoB	Over 18
Relationship to patient	Mother

Informed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Consulted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Objected?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason not informed/consulted	n/a
Nearest relative notified of admission?	<input type="checkbox"/> Yes <input checked="" 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
