

Approved Mental Health Professional Assessment Form copy. service user File

Social Services II;SAK: 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 mouse pointer or the tab key on the keyboard to go to the next form field.

Patient's details

Name: Simer Cordell

Address: 109 Buncroft Avenue
Enfield Postcode EN3 7JX

Phone no.:

Male Female Age/DoB 35, 26/1/81

Ethnic origin (Doll coding): Wuk Mixed UK

Religion: N/A

Preferred language: English

Interpreter needed? Yes No

Assessing AMHP: HBRISCOE

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

Hospital: St Ann's

Consultant:

GP:

CMHN/CMHT:

Social worker/responsible local authority (Section 117): LB Enfield

Nearest relative

Name: Lorraine Cordell

Address: 23 Byron Terrace
Edmonton Postcode N9 7DA

Phone no.: 0208 245 7454 / 07445 385 734

Age/DoB: 1

Relationship to patient: Mother

Informed? Yes No

Consulted? Yes No

Objected? Yes No

Reason not informed/consulted: _____

Nearest relative notified of admission? Yes No

Letter sent? Yes No

Reason why not notified: _____

Nearest relative informed of their legal rights? Yes No

Names and contact information for significant others: Father N/A

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: 15/8/16 Date of assessment: 16/8/16

Place of assessment: Wood Green Police Stn.

Medical recommendations from: Please select if Sec.12 doctor or GP

Dr. Albargaz Date 15/8/16

Dr. Amin Date 15/8/16

Any delays in admission process? Wait for bed

Time assessment: Started 02:15 Completed 03:05

Legal status at time of assessment:

Inf Sec.135

Sec.2 Sec.136

Sec.3 Detained by Police, not under Sec.136

Sec.4

Sec.5(2) CTO

Sec.7 Other

Outcome details

Date admitted/detained: 16/8/16 Time of admission: _____

Admitted/detained at: Hospital/Unit: St Ann's

Ward: Havering

Legal status at end of assessment:

No admission

Informal admission

Remains informal inpatient

Detained under Sec 2

Detained under Sec 3

Detained under Sec 4

Placed under Sec.7

CTO Yes No Renewal Revoke

Other