

**This pro-forma is a practice tool to aid the decision making of an AMHP whilst involved in the making of a;**

**COMMUNITY TREATMENT ORDER (CTO1),**

**REVOCATION (CT05) or**

**EXTENSION (CT07)**

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| **AMHP Assessor** | **Date** | **Name of Responsible Clinician (RC)** |

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| **Name and Contact Details of Patient** |
| **Date of most recent S3 or S37 application/ detention** |
| **Name/address of identified Nearest Relative**  |
| **Proposed/ Current CTO conditions under S17B(2) (other than mandatory conditions) When making the order note any conditions RC was requesting where you did not agree** |

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| **Details of Interview with Patient** (Date Time) |
| **Details of Interview with others/ Info provided by others as necessary (i.e. RC/ other professionals/IMHA/IMCA carer/family/friends etc)** |

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| **Any other supporting information** (including details of wider social factors, cultural background, impact on patients family, employment issues) |
| **Outcome and reasons for decision making re; APPROPRIATENESS of the order, extension or revocation. Is the criteria met , are the conditions necessary and appropriate .** |

**Signature \_\_\_\_**

**Date**

COPIES TO BE PROVIDED TO; AMHP Manager, Mental Health Act Office, Patient file/uploaded onto RIO/Mosaic

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