



Essex Partnership University
NHS Foundation Trust

AMHP Report for Community Treatment Order Application:

Name: _____ **DOB:** _____ **NHS Number:** _____

1. **Responsible Clinician:**

2. **Care Coordinator:**

Team:

3. **Recommendations:**

Include: With whom has the AMHP agreed recommendations with, who will be taking responsibility for the action agreed and the timescale for this action:

4. **Conditions Attached:**

5. **AMHP view:**

- **Mental Disorder:**

- **Psychiatric History and other Relevant Factors:**

- Risk if Patient Deteriorates and Is Not Detained:

6. Consultation With and Views of:

- The Patient (insert date):
- The Nearest Relative (insert date):
- The Care coordinator (insert date):
- Significant other (insert dates):

7. Sources of Information:

8. Responsible Clinician view following consultation on (insert date):

Is the Criteria Met?

Criteria Met (S.17A (5)):

- (a) the patient is suffering from mental disorder of a nature or degree which makes it appropriate for him to receive medical treatment; (*justify*)
- (b) it is necessary for his health or safety or for the protection of other persons that he should receive this treatment; (*justify*)

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APPENDIX 2

(c) subject to his being liable to be recalled as mentioned in paragraph (d) below, such treatment can be provided without his continuing to be detained in a hospital; *(justify)*

(d) it is necessary that the responsible clinician should be able to exercise the power under section 17E (1) to recall the patient to hospital; *(justify)*

(e) Appropriate medical treatment is available to him. *(justify)*

I agree with the opinion of the Responsible Clinician and believe it is appropriate to make the Community Treatment Order.

AMHP Signature: _____

Print Name: _____

Date: _____ Contact number: _____

Recommended Review Date:

cc's sent to:

- MHA Administrator, EPUT
- CMHT / Relevant Community Team
- Ward (if admitted)
- Responsible Clinician
- General Practitioner

AMHP TIME COMMITMENT FOR THIS CTO: _____ Hours

Any Other Difficulties	Any Other Comments

SAMPLE - DO NOT USE