



Essex Partnership University
NHS Foundation Trust

AMHP Report for Revoking a Community Treatment Order:

Patients Name: DOB / Age: Gender: Male / Female NHS Number: Address: Telephone No:		Nearest Relative: Relationship: Principle Carer: Yes / No Address: Telephone No:	
First Language: Interpreter: Yes / No Ethnic Group: Religion: Marital Status: Children's Issues: Yes / No Protection of Property / Animals: Yes / No		Relevant Contact Details (inc. Tel No): Referrer: GP: Care Coordinator: RC: Other:	
Family / Carers / Other Significant People (including any dependents):			
Name:		Relationship:	
Name:		Relationship:	
CTO Revocation Assessment Details:			
Date & Time of Assessment:			
Location of Assessment:			
Service User offered 1:1 with AMHP		Yes / No	

SAMPLE - DO NOT USE

MHAPG30 - COMMUNITY TREATMENT ORDER PROCEDURE
APPENDIX 4

Medical Recommendation by Responsible Clinician only:	Name: Date and Time of Examination:
Outcome of Assessment:	
Admission to (if Relevant):	
AMHP's Details	

Assessment Details:

Name: _____

DOB: _____

The AMHP is to include as much relevant information as is available at the time of assessment.

Account of current circumstances:

Details on the recall of the order, social circumstances:

Risk Assessment:

Health and Safety (inc deterioration, DSH, engagement / concordance), Protection of others (verbal / physical), Self-neglect, Abuse & Exploitation, Environment Hazards, Any child protection or children's issues, Any other relevant risks.

Capacity Assessment:

What is the decision (e.g. informal admission, agreements etc), Does the Service User understand the decision? Is the Service User able to weigh up the consequence / benefit of the decision? Is the Service User able to retain the information relevant to the decision? Is the Service User able to communicate the decision? Would using the MCA be more appropriate? Relevant advanced decisions / advanced statement issues.

View of the Service user:

Views of the Nearest Relative and Relevant Others:

Why is this person the Nearest Relative? Are there any suitability issues with the identified NR? NR consultation details, NR views, Other significant people involved (e.g. carers / relatives) and their views, NR informed of their rights?

Decision & Rationale:

What was the decided course of action, What was the reason for the decision, Alternatives considered, Any differences of opinion, Reference to Nature and/or degree, Appropriate treatment identified, Include: With whom has the AMHP agreed recommendations with, who will be taking responsibility for the action agreed and the timescale for this action:

**Has Client had their legal status and their rights and restrictions explained to them?
If not why?**

Recommended Future Care Plans

S117 eligibility (if relevant), Carer assessments (If relevant), Care Act 2014 (if relevant), Consideration of DoLs (if relevant), CPA community or discharge issues? SoVA referral required? Child protection or child in need referrals made?

AMHP Signature: _____

Print Name: _____

Date: _____ Contact number _____

Monitoring Information:

NR Not Contacted:

Unable to Contact

No NR

NR Contacted: by Phone by Letter

Please attach a copy of the original AMHP report for the CTO application prior to this revocation report:

Attached

cc's sent to:

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

AMHP TIME COMMITMENT FOR THIS REVOCATION _____ Hours