



**Essex Partnership University**  
NHS Foundation Trust

**AMHP Report for the extension of a Community Treatment Period:**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
NHS Number: \_\_\_\_\_ Carebase/Paris Number: \_\_\_\_\_

1. Responsible Clinician:

2. Care Coordinator:

Team:

3. Date/Time of referral:

Who referred:

4. Meeting arranged with care team:

Date:  
Time:  
Venue:

5. Circumstances of referral:

6. Conditions attached to CTO:

7. Sources of Information:

8. Psychiatric history and other relevant factors leading to original application for CTO:

**9. Views of Responsible Clinician:**

Include details of how and when consulted and why the Responsible Clinician believes the criteria are met:

- (a) Does the Responsible clinician believe the patient is suffering from mental disorder of a nature or degree which makes it appropriate for him to receive medical treatment;
- (b) it is necessary for their health or safety or for the protection of other persons that they should receive this treatment;
- (c) Such treatment can be provided without the patient continuing to be detained in a hospital provided the patient is liable to being recalled to hospital for medical treatment;
- (d) it is necessary that the responsible clinician should continue to be able to exercise the power under section 17E (1) to recall the patient to hospital?
- (e) Taking into account the nature and degree of the mental disorder from which the patient is suffering and all other circumstances of the case, appropriate medical treatment is available to the patient.

**10. Details of AMHP assessment:**

- Include details of the patient interview (insert date where interviewed, who else present, opportunity to see the AMHP alone?);
- Consider wider social context including details of how well available support networks have worked; the impact of the CTO on the family; what has worked well and whether available support is likely to continue if CTO is extended;
- Consider any additional relevant information obtained from others during the course of the assessment for renewal including the nearest relative if appropriate to contact and consent is given;
- Consider impact of specialist/age appropriate treatment and services and will these continue.

**11. AMHP Decision:**

**I agree/do not agree** (*delete which is not applicable*) **with the opinion of the Responsible Clinician that the patient meets the criteria for the extension period and it is/is not** (*delete which is not applicable*) **appropriate to extend the community treatment period.**

**AMHP Rationale:** (*to include whether or not it is considered the criteria for extending SCT are met and if so, whether an extension of the CTO is appropriate; any differences of opinion, any capacity issues*)

SAMPLE - DO NOT USE

- Risk if patient deteriorates and CTO is not renewed: (Include risk to health and safety (consider deterioration, deliberate self harm, engagement, concordance); protection of others (verbal/physical); self neglect, abuse & exploitation, environment hazards; any child protection or children's issues; any other relevant risks)

**Please note any agreed changes to the conditions of the community treatment order:**

**AMHP Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Contact number** \_\_\_\_\_

**Monitoring Information:**

**cc's sent to:**

- MHA Administrator
- Care Coordinator
- Responsible Clinician
- General Practitioner (if appropriate and subject to normal confidentiality considerations)

**Date/time of AMHP response to referral:**

**Date/time of completion of assessment and report:**

**AMHP TIME COMMITMENT FOR THIS ASSESSMENT: \_\_\_\_\_ Hours**

Any Other Difficulties	Any Other Comments

**SAMPLE - DO NOT USE**