



Confidential

Note: This form has been designed by Prof Ian F Wall on behalf of the Faculty of Forensic and Legal Medicine for use by Forensic Physicians (also known as Forensic Medical Examiners or Police Surgeons). The form is provided to assist Forensic Physicians in carrying in assessments under the Mental Health Act. It is to be regarded as an aide-memoire and it is therefore not necessary for all parts of the form to be completed. On completion this form is the personal property of the examining doctor.

1. General details

Name _____
Address _____
Date of birth _____
Occupation _____
Ethnicity _____
First language _____
Interpreter required YES NO
Interpreter name _____
Next of kin _____
Relationship _____
GP _____
Second doctor _____ Status _____
AMHP _____
Venue _____
Custody record No _____
Arrest date and time _____
Reason for arrest _____
Relevant property _____
PNC Warning _____
Date & time called _____
Time arrived _____
Time examination started _____
Time examination completed _____
Time case completed _____

2. Assessment requested by

AMHP Police
Other name _____

3. Background information

Information from _____

4. Consent

Verbal consent obtained YES NO
Special features _____

'I consent to a medical examination, including taking of samples if appropriate, on myself or my _____ as explained to me by _____. I understand that Dr _____ may have to produce a report based on the examination and that details of the examination may have to be revealed in court.'

Signed _____
Witnessed _____
Relationship of witness _____

5. Psychiatric and medical history

Presenting problem _____

Past medical history _____

Past psychiatric history _____

Social circumstances

Housing _____

Employment _____

Financial _____

Relationships _____

Life Events _____

Family history

Social _____

Medical _____

Psychiatric _____

Personal/developmental history

Childhood _____

Adolescence _____

Adulthood _____

Past self-harm attempts _____

Forensic history _____

Alcohol intake and times in last 24 hours _____

Weekly alcohol intake _____

Medication	Dose	Duration	Route	Last taken
Prescribed:				
OTC medicines:				
Non-prescribed				
Heroin				
Methadone				
Crack/cocaine				
Cannabis				
Benzodiazepines				
Other				

6. Mental state examination

A. General description

Self-care/appearance, e.g. clothing, facial _____

Behaviour, e.g. disinhibited, withdrawn, aggressive _____

Motor e.g. retardation, overactivity, Parkinsonian _____

Attitude towards examiner e.g. co-operative, friendly, hostile _____

B. Mood and affect

Mood e.g. depressed, anxious, elation, irritability _____

Affect _____

Appropriateness _____

Biological symptoms, e.g. sleep, appetite, energy _____

C. Speech

Rate and quantity e.g. fast, slow, monosyllabic, slurred _____

D. Perceptual disturbances

Delusions _____

Hallucinations e.g. auditory, visual, tactile, olfactory, gustatory _____

Process or form of thought e.g. paranoid, flight of ideas, thought blocking, thought insertion

E. Cognition

Alertness and level of consciousness _____

Orientation _____

Memory, e.g. short/long term _____

Concentration and attention _____

Intellectual disability including capacity to read and write _____

Visuospatial ability _____

Abstract thinking _____

Fund of information and intelligence _____

F. Obsessive compulsive phenomenon

G. Judgement and insight

H. Reliability

I. Risk behaviours (suicidal or homicidal thoughts)

7. Physical examination

Areas of the body examined (*note injuries on separate body diagrams*)

Speech (articulation) _____

Mouth _____

Breath _____

Drug misuse	CVS / other	RS	GIT	CNS
Needle marks	Initial pulse	PN	Soft	Power
Shivering	BP	BS	Tender	Tone
Yawning	Temp	Added sounds	LKKS	Reflexes
Rhinorrhoea	Heart sounds	VR	BS	Coordination
Gooseflesh	Blood sugar	PEFR		Gait
Lachrymation	A V P U			Romberg's

Eyes	Conjunc	Pupils	Direct	Indirect	V/A	Specs	C lens	HGN	VGN
R									
L									

8. Conclusions

Diagnosis

Recommendations

Outcome

Informal/compulsory admission under Section ()
 to _____ hospital _____

Informal admission or other treatment not appropriate because

Not admitted to hospital: management /continuity of care
 arrangements _____

GP informed _____

Medication	Dose	Duration	Route	Expiry	Batch No.

Mental Health Act status **before** assessment _____

Mental Health Act status **after** assessment _____
