



Mental Health Act assessment

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Confidential

Note: This form has been designed by Prof Ian F Wall on behalf of the Faculty of Forensic & 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.

It should be noted that police custody suites should only be used in exceptional circumstances as places of safety for persons detained under Section 136 of the Mental Health Act. Under 18 years should not be detained in a police station as a Place of Safety, in any circumstances.

1. General details

Name _____

Address _____

Date of birth _____

Occupation _____

Ethnicity _____

First language _____

Interpreter required YES NO

Interpreter name _____

Next of kin _____ Relationship _____

Nearest relative _____ 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 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 _____

Past self-harm attempts _____

Family history

Social *(Please see safeguarding note on page 5*)* _____

Forensic history _____

Medical _____

Psychiatric specific enquiry _____

Personal/developmental history

Childhood _____

Alcohol intake and times in last 24 hours _____

Adolescence _____

Weekly alcohol intake _____

Adulthood _____

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)



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 _____

***Please address any child safeguarding issues: either because the detained person (DP) is a child, or because the DP being in custody has or may have an impact on the care, safety or welfare of children.**