**Section 136 Outcome Plan**

**S136 Outcome**

(To be completed by the AMHP or Mental Health Professional copy handed to the person upon leaving S136 suite and original to be attached to S136 form)

|  |  |
| --- | --- |
| Name: |  |
| Date of Birth: |  |
| Address: |  |

## Outcome of your assessment

**Your ongoing support arrangements**

Useful contact addresses and telephone numbers:

Consent to inform GP: Y/N Consent to send copy to home address: Y/N

Name of AMHP or MHP completing this form: …………………………………………………….

Signed: …………………………………………………….

Date: …………………………………………………….