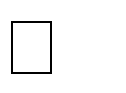
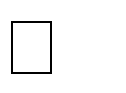
## Section 136 Monitoring Form (page 1)

**Section 136 Mental Health Act 1983 Communication/Registration Form (Police to complete pages 1 and 2)**

**(AMHP/Health Professional to complete page 3)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Custody number  (if applicable) | | |  | | | Police Log Number | |  | | |
| **Section 136 of the Mental Health Act 1983 empowers a constable to remove to ‘a place of safety’ any person who is found in a place to which the public have access and appears to be suffering from a mental disorder** | | | | | | | | | | |
| AND who is in need of immediate care | | | | |  | or control | | | | |
| AND who needs to be removed in their own interests | | | | |  | or for the protection of others | | | | |
| Date: |  |  |  |  |  | Time of arrival at PoS: | |  |  |  |
| Place (where person arrested): | | |  |  |  |  | City or Town: | |  |  |
| **Person detained –** Surname: | | |  |  |  | Forenames: |  |  |  |  |
| Address: |  |  |  |  |  |  |  | Postcode: | | |
| Place of birth: |  |  |  |  |  | Date of birth: |  |  |  | Age: |
| Known Disability: | |  | Interpreter required? Y/N | |  | Language: |  |  |  |  |
| Gender: | ID code: | PNC code: | |  |  | PNC & local check done? | | Yes | | No |
| **Notes of the Incident / arrest:**  (Describe fully the behaviour and circumstances that resulted in detention) | | | | | | | | | | |
| Telephone triage used Y/N By whom:  Advice/recommendations given: | | | | | | | | | | |
| Since detention, has the person received any medical attention prior to arrival at a place of safety? | | | | | | | | Yes | | No |
| If ‘yes’, describe: | | | | | | | | | | |
| Has the person been restrained? Yes  No  If ‘yes’, how and for how long? | | | | | | | | | | |
| Has the person been searched? Yes  No  If ‘yes’, has anything been retained? | | | | | | | | | | |
| Is the person on medication? Yes  No  Unknown | | | | | | | | | | |
| Is the person suffering from the effects of drink or drugs? | | | | | Yes | | No | Unknown | | |
| Has the person taken an overdose? | | | |  | Yes | | No | Unknown | | |
| Initial place of safety: | | HBPoS (S136 Suite) | | |  |  | Police Custody | |  |  |
| Private Home |  | A&E used as place of safety (if not designated HBPoS)  Other  Unknown | | | | | | | | |
| If not 136 suite, explain why: | | Suite full | | Intoxicated | Violent | | Potentially violent | | Other  (describe)  Staffing Levels | |
| If police station used explain why: | | Joint risk assessment | | HBPOS no  capacity | Arrested substantive offence | | Not Known HBPOS refused  admission  Other | | | |

|  |  |
| --- | --- |
| **Page 2**  **Risk factors that the place of safety or assessment staff should be aware of?**  (Consider self-harm, suicide, physical aggression, impaired judgement, self-neglect, absconding, etc)  PER form attached: Yes  No | |
| Any PNC warning marks? Yes  No  Any Local (intelligence systems) checks completed? Yes  No  If yes, details please: | |
| Ambulance  Police vehicle  Other (describe)  Conveyed to place of safety by:  Not known  Health Vehicle  None (already at PoS) | |
| Date of arrival: Time of arrival:  Received by: | |
| Reasons why Police vehicle used:  Ambulance/other vehicle not available in 30 mins  Ambulance not required  Police/ambulance/other vehicle risk assessment (behaviour)  Ambulance crew refused to convey  Ambulance/other vehicle re-tasked to higher priority call  Not known | |
| **Details of relative or friend**  Name:  Address:  Tel no: Informed? Yes  No | |
| **Examined by FME** Yes  No  If ‘Yes’, Name:  Address: | |
| GP (if known) | Name:  Address: |
| Date of departure (police) : Time of departure (police): | |
| Officer detaining (signature): Print name: | |
| Rank/Collar no. Station: | |
| Officer completing form: Person receiving form:  Signature: Signature: | |

**Section 136 Mental Health Act 1983-Communication/Registration Form (AMHP/Nurse to complete)Page3**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient –** Surname: |  |  |  |  | Forenames: | |  |  |
| 1. Place of safety where assessment carried out: | | | | | | | | |
| 2. AMHP notified (name):  by: Date: Time: | | | | | | | | |
| 3. Section 12(2) Doctor notified (name):  by: Date: Time: | | | | | | | | |
| 4. Rights leaflet was given, and rights read and explained by (if appropriate): | | | | | | | | |
| Signed: (nurse, AMHP or Custody Officer) | | |  |  | Date: |  | Time: |  |
| 5. Background information: |  |  |  |  |  |  |  |  |
| a - currently known to mental health services | | | Yes | | No | If yes, on CPA | Yes | No |
| b - past history of Section 136 detention | |  | Yes | | No |  |  |  |
| c - past history of psychiatric contact | |  | Yes | | No |  |  |  |
| 6. Patient examined by Section 12(2) Doctor (signature): | | | | | | | | |
| Print name: |  |  |  |  | Date: |  | Time: |  |
| Section 12 Approved: | Yes | | No If no, explain why not: | | | |  |  |
| 7. Patient interviewed by AMHP (signature): | | | | | | | | |
| Print name: |  |  |  |  | Date: |  | Time: |  |
| 8. Patient examined by 2nd Doctor: | | Not applicable | | | or signature: | |  |  |
| Print name: |  |  |  |  | Date: |  | Time: |  |
| Section 12 Approved |  | Yes | | No | |  |  |  |
| 9. Has the person required transfer to another place of safety Yes  No | | | | | | | | |
| Name of unit: |  |  |  |  |  |  |  |  |
| Date of arrival at 2nd place of safety: | | |  |  |  | Time of arrival: | |  |
| Reason for transfer: |  |  |  |  |  |  |  |  |
| If further transfer | Yes | | No | | Record above information on separate form and attach to this | | | |
| 10. Arrangements made after initial assessment | | | | | | | | |
| a. Was not suffering from mental disorder and was discharged: | | | | | | | | |
| b. Did not require admission and was discharged:  Referred to CMHT  CRHT  Other | | | | | | | | |
| c. If discharged having seen one doctor, were they approved under Section 12 Yes  No | | | | | | | | |
| Time discharged: |  |  |  |  | Date discharged: | |  |  |
| d. Was admitted or transferred on an informal basis  or under Mental Health Act Section 2  or under Mental Health Act Section 3  Other | | | | | | | | |
| To (ward): |  |  |  |  | Hospital: | |  |  |
| Date arrival onward: |  |  |  |  | Time of arrival: | |  |  |
| Signed (person completing): |  |  |  |  | Date: | |  |  |
| 11. Time and date when detention under Section 136 ceased: Date: Time: | | | | | | | | |
| **Any serious untoward incident following detention including in place of safety?** Yes  No | | | | | | | | |
| If yes, Minor self-harm  Self harm requiring medical attention  Assault  Other | | | | | | | | |
| Details of incident (please write on back of sheet if you need to):  Signature: Print name: | | | | | | | | |