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| Case ID Number: | | | |
| **DEPRIVATION OF LIBERTY SAFEGUARDS FORM 4(X)**  **MENTAL HEALTH ASSESSMENT RECORD FORM** | | | |
| This form is being completed in relation to a request for authorisation of  deprivation of liberty by the Court of Protection | | | |
| Full name of the person being assessed |  | | |
| Date of birth  *(or estimated age if unknown)* |  | Est. Age |  |
| Name and address of the establishment where the person is, or may become, deprived of liberty |  | | |
| Name and address of the Assessor |  | | |
| Profession of the Assessor |  | | |
| Name of the person / body making the application to the Court of Protection |  | | |
| The present address of the person being assessed if different from establishment stated above. |  | | |

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| **MENTAL HEALTH ASSESSMENT** | |
| In carrying out this assessment, I have taken into account any information given to me, and any submissions made by any of the following:   1. The relevant person’s representative 2. Any IMCA instructed for the person in relation to their deprivation of liberty 3. I have consulted the Best Interests Assessor for any relevant information about possible objections to treatment, including whether any donee or Deputy has made a valid decision to consent to any mental health treatment. | |
| **Place a cross in EITHER box below** | |
| a) In my opinion the person **IS NOT** suffering from a mental disorder within the meaning of the Mental Health Act 1983 (disregarding any exclusion for persons with learning disability).  ***Provide a rationale for your opinion, including details of their symptoms, diagnosis and behaviour*** | **☐** |
|  | |
| b) In my opinion the person **IS** suffering from a mental disorder within the meaning of the Mental Health Act 1983 (disregarding any exclusion for persons with learning disability).  ***Provide a rationale for your opinion, including details of their symptoms, diagnosis and behaviour*** | **☐** |
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| c) In my opinion, the person’s mental health and wellbeing is likely to be affected by being deprived of liberty in the following ways.  Note: Please consider all restrictions in place that contribute to the deprivation of liberty, including any proposed or existing medication that is prescribed to control behaviour. | |

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| **4. PLEASE NOW SIGN AND DATE THIS FORM** | | | |
| Signed |  | Date |  |
| Print Name |  | Time |  |