

RECORD OF MENTAL HEALTH TRIBUNAL PROCEEDINGS

Mental Health Tribunal Attendees

Patient Name: _____

Case ID: _____

Patient ID: _____

Hearing Date: ____ / ____ /20____

Scheduled Start Time: ____ : ____ (24 hr clock e.g. 2:41p.m. is written as 14.41)

Actual Start Time: ____ : ____ (24 hr clock e.g. 2:41p.m. is written as 14.41)

	Title	Name	Surname	Signature	Time of Arrival	Reasons for Attendance
1						Patient
2						Tribunal Chairperson
3						Tribunal Consultant Psychiatrist
4						Tribunal Lay Member
5						Legal Representative or Personal Solicitor (If not represented, record in Section 16)
6						Responsible Consultant Psychiatrist (attending)
7						
8						
9						
10						

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1) Full name of Patient:

2) Full address of Patient:

3) Date of Birth:

Gender:

M F

4) Did Patient attend?

Yes No

(If NO, please detail reasons below)

5) Tribunal venue and address:

6) Were all the relevant Patient's records made available to the Tribunal?

Yes No

7) Was the Independent Consultant Psychiatrist's report available prior to the start of the Tribunal?

Yes No

8) Tribunal date and scheduled start time:

/ / 20
 :

(24 hour clock e.g. 2:41pm is written as 14:41)

9) Tribunal date and actual start time:

/ / 20
 :

(24 hour clock e.g. 2:41pm is written as 14:41)

10) Tribunal date and finish time:

/ / 20
 :

(24 hour clock e.g. 2:41pm is written as 14:41)

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11) PLEASE RECORD DETAILS OF ALL WITNESSES e.g. Approved Centre staff, family members.

Full name / title of witness

Full address of witness

 Eircode:

Purpose of attendance:

Called by:

Was this person called to give evidence? Yes No

(Please record any further information in Section 16)

PLEASE RECORD DETAILS OF ALL WITNESSES e.g. Approved Centre staff, family members.

Full name / title of witness

Full address of witness

 Eircode:

Purpose of attendance:

Called by:

Was this person called to give evidence? Yes No

(Please record any further information in Section 16)

PLEASE RECORD DETAILS OF ALL WITNESSES e.g. Approved Centre staff, family members.

Full name / title of witness

Full address of witness

 Eircode:

Purpose of attendance:

Called by:

Was this person called to give evidence? Yes No

(Please record any further information in Section 16)

12) PLEASE RECORD DETAILS OF ATTENDEES e.g. Approved Centre staff, family members. **SEE ATTENDANCE SHEET ON PAGE 1.**

