



**CONFIDENTIAL**  
**REPORT OF CONSULTANT PSYCHIATRIST**

**Mental Health  
Act 2001  
Section 17 (1)(C)**

**HEARING ID:**  
**CASE ID:**

**1.) Name of Patient subject of the report:**

**2.) Address of Patient:**

**3.) Date of Birth & Gender:**

 /  /       M  F 

**4.) Tribunal Case I.D.**

**5.) Approved Centre Name:**

**6.) Approved Centre Address:**

**7.) Date of involuntary admission:**

 /  / 

**7a.) Date of Current Renewal Order  
(if applicable):**

 /  / 

**8.) Responsible Consultant Psychiatrist:**

**9) I, \_\_\_\_\_ M.C.R.N.  
(Full Name of Independent Consultant Psychiatrist)**

**Examined this patient on:**

**DATE:**

**Interviewed the consultant psychiatrist responsible for  
the care and treatment of the patient on:**

**DATE:**

**Reviewed the records relating to the patient on:**

**DATE:**



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***For Information not to be disclosed to the Patient see Section 22***

**10.)** In my opinion this patient **is not** suffering from a mental disorder

**OR**

In my opinion this person **is suffering** from a mental disorder where-

(a) because of the illness, disability or dementia, there is a serious likelihood of the person concerned causing immediate and serious harm to himself or herself or to other persons,

**OR**

(b)(i) because of the severity of the illness, disability or dementia, the judgment of the person concerned is so impaired that failure to admit the person to an approved centre would be likely to lead to a serious deterioration in his or her condition or would prevent the administration of appropriate treatment that could be given only by such admission,  
**AND**  
(ii) the reception, detention and treatment of the person concerned in an approved centre would be likely to benefit or alleviate the condition of that person to a material extent.

**OR**

(a) (as above) **AND** (b) (as above)



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**11.) Give a clinical description of the patient's current mental condition.**

SAMPLE



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**12.) Please provide details of the responsible consultant psychiatrist's diagnosis or provisional diagnosis.**

**13.) Please give a brief outline of the previous history and duration of the patient's illness.**

SAMPLE

**14.) Please outline any change in the patient's condition since the commencement of their involuntary admission.**

**15.) What current medication is the patient receiving for treatment of mental disorder (include dosages), and are there any side effects arising from these?**



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**16.) Please detail other relevant aspects of the patient's treatment (non-pharmacological, E.C.T. etc.)**

**17.) Please include details and results of any relevant tests that have been administered e.g. Mental State, Psychometric Assessment Test.**

**18.) Please outline the patient's attitude to treatment and his/her likely compliance with it in the future.**

**19.) Please detail any relevant risk factors to (i) the patient or (ii) others  
(If this information is not to be disclosed please use Section 22).**



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**20.) Please include details from the interview with the Patient's Responsible Consultant Psychiatrist.**

**21.) In your opinion, and taking into account the principles of Section 4 of the MH Act 2001, is there any information that should not be disclosed to the patient or others?**      YES       NO

**If YES, please provide details and explain why this information should be withheld**



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**22.) Please include any other relevant information.**

Large empty rectangular box for providing additional information. A large, light gray watermark reading "SAMPLE" is diagonally overlaid across the center of the page.

**Signed:**

\_\_\_\_\_

**M.C.R.N.**

**DATE:**

/   /

This report must be returned to the Mental Health Commission via CIS within 14 days (from the date of admission/renewal) so that it will be available to the Mental Health Tribunal (in accordance with Section 17(1)(c) of the Mental Health Act, 2001).