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| **Leave application for restricted patients****Mental Health Casework Section** |  |

Please send the completed form to the Mental Health Casework Section **at** **MHCSTeam1@noms.gsi.gov.uk** **(case letters A-Gile);** **MHCSTeam2@noms.gsi.gov.uk** **(case letters Gilf-Nev);** **MHCSTeam3@noms.gsi.gov.uk** **(case letters New-Z) or fax on 0300 047 4387 (case letters A – GEO) or 0300 047 4395 (GEP – NEAL and NEAM – Z)**

# Patient’s basic details

|  |  |
| --- | --- |
| Full name of patient |       |

|  |  |  |
| --- | --- | --- |
| Date of birth |       |  |

|  |  |  |
| --- | --- | --- |
| MHCS reference  |       |  |

|  |  |
| --- | --- |
| Location of index offence |       |

# Responsible clinician’s details

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| --- | --- |
| Clinician |       |

|  |  |
| --- | --- |
| Address |       |

|  |  |  |
| --- | --- | --- |
| Telephone number |       |  |

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| --- | --- |
| Email address |       |

# Leave proposal

Please note that any leave taking place outside the designated security perimeter of the named unit, hospital or ward requires Secretary of State approval **unless** the hospital has a current agreement with the Mental Health Casework Section specifically devolving agreement to the Responsible Clinician.

Type of leave proposed [ ]  Compassionate [ ]  Escorted community

[ ]  Overnight [ ]  Unescorted community

|  |  |
| --- | --- |
| Other (please specify) |       |

Cont.

Previous types of leave taken [ ]  Compassionate [ ]  Escorted community

[ ]  Overnight [ ]  Unescorted community

|  |  |
| --- | --- |
| Other (please specify) |       |

**Report on current leave (frequency, duration, destination, purpose and conduct)**

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Please give details of the leave proposal, including:

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| * the purpose of the leave
* if escorted, the number of escorts and, if not directly employed by the hospital, a copy of the written authority given by Hospital managers under s17(3).
* future leave plans, if proposal agreed
 | * full address of the leave destination
* means of transport, if any
* views of care team, if different
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# Patient’s condition

**Mental state** – please describe the patient’s mental state, including:

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| * how long the patient has been stable
 | * what insight, if any, the patient has into his or her illness
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**Behaviour** – please describe the patient’s behaviour, including any incidents of:

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| --- | --- | --- |
| * aggression
 | * self-harm
 | * substance abuse
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State what effect these have had on the patient and how they will be addressed.

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**Compliance** – to what extent does the patient:

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| * accept the treatment programme?
 | * comply with medication?
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# Risk

**Risk to victims and others** – what is your assessment of the risk (including further offending,
or a possible encounter) that the patient would present to:

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| --- | --- | --- |
| * past victims?
 | * any specific group?
 | * the public in general?
 |

How do you propose to address these risks?

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**Victim Consideration & VLO contact –** have you contacted the VLO to get the victim’s views on unescorted leave (please give full and frank account of victim’s views)

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| --- |
| **Name of VLO: Tel. No. Date of Contact:** |

**Risk of absconding** – what is your assessment of the patient’s current risk of absconding?
How do you propose to address this risk?

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| --- | --- | --- | --- |
| Responsible clinician’s signature |  | Date |       |
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