



# Mental Health Act Assessment

## Confidential

Note: This form has been designed by Prof Ian F Wall on behalf of the Faculty of Forensic and Legal Medicine for use by Forensic Physicians (also known as Forensic Medical Examiners or Police Surgeons). The form is provided to assist Forensic Physicians in carrying in assessments under the Mental Health Act. It is to be regarded as an aide-memoire and it is therefore not necessary for all parts of the form to be completed. On completion this form is the personal property of the examining doctor.

## 1. General details

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of birth \_\_\_\_\_

Occupation \_\_\_\_\_

Ethnicity \_\_\_\_\_

First language \_\_\_\_\_

Interpreter required YES ☐ NO ☐

Interpreter name \_\_\_\_\_

Next of kin \_\_\_\_\_

Relationship \_\_\_\_\_

GP \_\_\_\_\_

Second doctor \_\_\_\_\_ Status \_\_\_\_\_

AMHP \_\_\_\_\_

Venue \_\_\_\_\_

Custody record No \_\_\_\_\_

Arrest date and time \_\_\_\_\_

Reason for arrest \_\_\_\_\_

Relevant property \_\_\_\_\_

PNC Warning \_\_\_\_\_

Date & time called \_\_\_\_\_

Time arrived \_\_\_\_\_

Time examination started \_\_\_\_\_

Time examination completed \_\_\_\_\_

Time case completed \_\_\_\_\_

## 2. Assessment requested by

AMHP ☐ Police ☐

Other ☐ name \_\_\_\_\_

## 3. Background information

Information from \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 4. Consent

Verbal consent obtained YES ☐ NO ☐

Special features \_\_\_\_\_

*'I consent to a medical examination, including taking of samples if appropriate, on myself or my \_\_\_\_\_ as explained to me by \_\_\_\_\_. I understand that Dr \_\_\_\_\_ may have to produce a report based on the examination and that details of the examination may have to be revealed in court.'*

Signed \_\_\_\_\_

Witnessed \_\_\_\_\_

Relationship of witness \_\_\_\_\_

## 5. Psychiatric and medical history

Presenting problem \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Social circumstances

Housing \_\_\_\_\_

Employment \_\_\_\_\_

Financial \_\_\_\_\_

Relationships \_\_\_\_\_

Life Events \_\_\_\_\_

### Family history

Social \_\_\_\_\_

Medical \_\_\_\_\_

Psychiatric \_\_\_\_\_

### Personal/developmental history

Childhood \_\_\_\_\_

Adolescence \_\_\_\_\_

Adulthood \_\_\_\_\_

Past medical history \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Past psychiatric history \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Past self-harm attempts \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Forensic history \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Alcohol intake and times in last 24 hours \_\_\_\_\_

\_\_\_\_\_

Weekly alcohol intake \_\_\_\_\_

\_\_\_\_\_

| Medication            | Dose | Duration | Route | Last taken |
|-----------------------|------|----------|-------|------------|
| <b>Prescribed:</b>    |      |          |       |            |
| <b>OTC medicines:</b> |      |          |       |            |
| <b>Non-prescribed</b> |      |          |       |            |
| Heroin                |      |          |       |            |
| Methadone             |      |          |       |            |
| Crack/cocaine         |      |          |       |            |
| Cannabis              |      |          |       |            |
| Benzodiazepines       |      |          |       |            |
| Other                 |      |          |       |            |

## 6. Mental state examination

### A. General description

Self-care/appearance, e.g. clothing, facial \_\_\_\_\_

\_\_\_\_\_

Behaviour, e.g. disinhibited, withdrawn, aggressive \_\_\_\_\_

\_\_\_\_\_

Motor e.g. retardation, overactivity, Parkinsonian \_\_\_\_\_

\_\_\_\_\_

Attitude towards examiner e.g. co-operative, friendly, hostile \_\_\_\_\_

\_\_\_\_\_

### B. Mood and affect

Mood e.g. depressed, anxious, elation, irritability \_\_\_\_\_

\_\_\_\_\_

Affect \_\_\_\_\_

Appropriateness \_\_\_\_\_

Biological symptoms, e.g. sleep, appetite, energy \_\_\_\_\_

\_\_\_\_\_

### C. Speech

Rate and quantity e.g. fast, slow, monosyllabic, slurred \_\_\_\_\_

\_\_\_\_\_

### D. Perceptual disturbances

Delusions \_\_\_\_\_

Hallucinations e.g. auditory, visual, tactile, olfactory, gustatory \_\_\_\_\_

\_\_\_\_\_

Process or form of thought e.g. paranoid, flight of ideas, thought blocking, thought insertion

\_\_\_\_\_

\_\_\_\_\_

### E. Cognition

Alertness and level of consciousness \_\_\_\_\_

\_\_\_\_\_

Orientation \_\_\_\_\_

\_\_\_\_\_

Memory, e.g. short/long term \_\_\_\_\_

\_\_\_\_\_

Concentration and attention \_\_\_\_\_

\_\_\_\_\_

Intellectual disability including capacity to read and write \_\_\_\_\_

\_\_\_\_\_

Visuospatial ability \_\_\_\_\_

\_\_\_\_\_

Abstract thinking \_\_\_\_\_

\_\_\_\_\_

Fund of information and intelligence \_\_\_\_\_

\_\_\_\_\_

### F. Obsessive compulsive phenomenon

\_\_\_\_\_

### G. Judgement and insight

\_\_\_\_\_

### H. Reliability

\_\_\_\_\_

### I. Risk behaviours (suicidal or homicidal thoughts)

\_\_\_\_\_

## 7. Physical examination

Areas of the body examined (*note injuries on separate body diagrams*)

\_\_\_\_\_

\_\_\_\_\_

Speech (articulation) \_\_\_\_\_

Mouth \_\_\_\_\_

Breath \_\_\_\_\_

| Drug misuse  | CVS / other   | RS           | GIT    | CNS          |
|--------------|---------------|--------------|--------|--------------|
| Needle marks | Initial pulse | PN           | Soft   | Power        |
| Shivering    | BP            | BS           | Tender | Tone         |
| Yawning      | Temp          | Added sounds | LKKS   | Reflexes     |
| Rhinorrhoea  | Heart sounds  | VR           | BS     | Coordination |
| Gooseflesh   | Blood sugar   | PEFR         |        | Gait         |
| Lachrymation | A V P U       |              |        | Romberg's    |

| Eyes | Conjunc | Pupils | Direct | Indirect | V/A | Specs | C lens | HGN | VGN |
|------|---------|--------|--------|----------|-----|-------|--------|-----|-----|
| R    |         |        |        |          |     |       |        |     |     |
| L    |         |        |        |          |     |       |        |     |     |

## 8. Conclusions

### Diagnosis

---



---



---

### Recommendations

---



---



---



---

### Outcome

Informal/compulsory admission under Section ( )  
to \_\_\_\_\_ hospital \_\_\_\_\_

Informal admission or other treatment not appropriate because

---



---

Not admitted to hospital: management /continuity of care  
arrangements \_\_\_\_\_

GP informed \_\_\_\_\_

| Medication | Dose | Duration | Route | Expiry | Batch No. |
|------------|------|----------|-------|--------|-----------|
|            |      |          |       |        |           |
|            |      |          |       |        |           |
|            |      |          |       |        |           |
|            |      |          |       |        |           |
|            |      |          |       |        |           |
|            |      |          |       |        |           |

Mental Health Act status **before** assessment \_\_\_\_\_

---

Mental Health Act status **after** assessment \_\_\_\_\_

---