

**DISCHARGE TO INFORMAL STATUS
UNDER SECTION 23 OF THE MENTAL HEALTH ACT 1983**

Name of Unit/Ward			
The following patient	(name)		
was discharged from Liability to detention under Section:			
Date:		Time:	
Regraded to informal by:			
Responsible Clinician	<input type="checkbox"/>	(name)	
Nearest Relative	<input type="checkbox"/>	(name)	
Hospital Manager	<input type="checkbox"/>	(name)	
Hospital Manager	<input type="checkbox"/>	(name)	
Hospital Manager	<input type="checkbox"/>	(name)	
		YES	NO
The patient will be remaining in hospital although no longer detained		<input type="checkbox"/>	<input type="checkbox"/>
The patient will not be remaining in hospital		<input type="checkbox"/>	<input type="checkbox"/>
The section is discharged following an invalid detention.		<input type="checkbox"/>	<input type="checkbox"/>
Signature of person/s authorising discharge:			

	YES	NO	N/A
On discharge is capacity doubted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes do they consent to remaining in hospital?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes ask the following questions:-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are they under continuous supervision and control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are they free to leave? (Patient may not be making attempts but would be stopped if tried)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If they are not free to leave and are under continuous supervision and control an urgent authorisation for deprivation of liberty must be considered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If discharged from a CTO has a follow up Consultant review appointment been arranged within 3 months of discharge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes what date?			