

Mental Health Legislation

Patient Preference Form for Hospital Managers Hearing

Form to be completed by Nurse or HCA with patient and returned to legislation via email by the report due date.

Name			
Current Ward/CMHT Name		Current Section	
Type of hearing - 1 (please tick one box)	Appeal <input type="checkbox"/> I requested an appeal hearing	Renewal or Extension <input type="checkbox"/> My Section is due to expire soon	
Type of hearing - 2 (please tick one box)	Contesting <input type="checkbox"/> I object to being on this Section	Not Contesting <input type="checkbox"/> I do not object to being on this Section	
Name of Nearest Relative			
Contact Number of Nearest Relative			
Address of Nearest Relative			
Are you happy for us to contact your Nearest Relative?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Would you like your nearest Relative to be present at your hearing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you have an IMHA?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Name of IMHA			
Agency of IMHA	Cloverleaf <input type="checkbox"/>	VoiceAbility <input type="checkbox"/>	
Would you like your IMHA present at your hearing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you have a solicitor? Solicitors <u>MUST</u> be identified for appeals or contested renewals	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Name of solicitor			
Solicitor's firm			
Would you like your Solicitor present at your hearing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Would you prefer a face-to-face hearing in person, or a virtual hearing by video call?			
Face to face – in person <input type="checkbox"/>		Virtual - By video call <input type="checkbox"/>	
Will you be attending the hearing or would you prefer your IMHA /Solicitor to represent you in your absence?			
I <u>will</u> attend the hearing <input type="checkbox"/>		I <u>will not</u> be attending <input type="checkbox"/>	
Signature of Patient:			Date: