ar 2017		General Letter to	the state of the s				
	Туре		General	Letter			
tter	To						
etter	From						
1	-						
- 1		<b>9</b> , <b>c</b>	OFFICIA	AL - SENSITI	VE.		
1			orrica	II - BLITOIT	5量		
		THE REAL PROPERTY.	ACDT Open	Notification	n Form	<b>哈斯萨</b>	
		Name of Detainee	D801				
- 1		Name of Detainee	i	J			
- 1					形蕴		
1		CID Ref:	8253250	Log Number/	BH/74/17		
- 18					Yes		
18		THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TRANSPORT OF THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	s opened at Brook H		N/A		
ii.		The above has arri	ved on an open ACC	I plan from :	N/A		
養		PARTY STATE OF	To be com	pleted by the	DCM:	E. Cardin	
3		Ta	sks	Completed	CISCOLOR BOOK DO	ts	
13		Has the detainee	self harmed	NO	17/4		
		harm	If yes, please state the method of self harm		178		
		Has an Incident Report been completed and passed to the DD		N/A NO			
		An ACDT must be o	Is the detainee on a food refusal?  An ACDT must be opened after 2 days		- 17		
		of refusing food Has the detained	been assessed	No	Healthcare to book		
		The RMN should at	by healthcare? The RMN should also be contact for a mental health assessment.		-13		
		Has the Central	ACDT log been	Yes	100		
		Updated? Incidents of Self Ha	arm should be high		113		
	Ì	lighted in Red Ink Has the relevant	t information been	Yes	13		
	i i	entered on to Da	uld be entered under		4		
	9	the Safer Custody	tab on DAT	Yes	13		
	8	Has the IS91 Part C been completed and sent to DEPMU? A copy should be sent to					
	900	Safer Community	and Home Office				
				ompleted By	A STATE OF THE STA		
		Print Name Time and Date	Print Name D Killick Time and Date 14.30 0		- 58		
F-11					and distributed without	delay to the	1
		following  Duty Direct					
		<ul> <li>Safer Con</li> <li>Healthcarr</li> </ul>	nmunity Manager				
-0.0	8	Chaplain     Security II					
	200	Home Off     IMB	ice				
	100	- 1110	OFFI	CIAL - SENSI	TIVE		
112	2		medical control of	THE SAIL	STATE OF THE PARTY OF		75 S S

Page 1 of 1

1	ue	04	Apr	2017	13:5	0
C	on	fide	ential	: Per	sonal	Data

D801	(8253250)
 DPA	DPA

21 of 55

06 Mar 2017	General Letter to unknown	
Letter Type	e General Letter	
Letter To		
Letter From	n	

MEI OF	ICAL REPORT FOR THE PURPONES OF TRANSFER TO HOSPITAL UNDER SEC <sup>*</sup> ION 48 HE MENTAL HEALTH ACT 1983
36	Data of examination: Beze k. Hasse Pract of examination: 02/03/2017
2,	DETAILS OF REPORTING MEDICAL PRACTITIONER  Full Name Or Jear Belda Ounlifestions: MR C By L  Status Connectant Penaltrial Mospital Establishment: Supress Parthership Not  I am a registered medical practitioner. I am approved under section 12 of the M atail
	Health Act 1983.  DECLARATION
3.	a) this patient is suffering from mental disorder within the meaning of the Mental 1 with Act and b) that the mental disorder is of a passive or degree which makes it appropriate for him yells to be detailed in a hospital for medical treatment, and c) that appropriate medical treatment is available for him yells and DELETE (c) IF YOU CANNOT PROVIDE THIS ASSURANCE c) that he seed is in urgent need of such meatment *delete where applicable (I recommend meatment in a high occurs broading)  My full medical report is given on the reverse  Signature  Signature  Data  Data  Signature

Page 1 of 5

Tue 04 Apr 2017 13:50 Confidential: Personal Data

D80	(8253250)		
	DPA	DPA	

	MEDICAL IN CONFIDENCE.	
MEDI	ICAL REPORT FOR THE PURPOSES OF TRANSFER TO HO HE MENTAL HEALTH ACT 1983	DSPITAL UNDER SECTION 48
t,	DETAILS OF PATIENT	
	Name D801  Date of examination: \$/\$//\$. Place of examination	Both him.
2.	DETAILS OF REPORTING MEDICAL PRACTITIONER	- J.
	Full Name: Or Contracting Qual	ifications: MRC4P
	Status: GP . Hospital/Estab	Ishmont Brook House
	I am a registered medical practitioner. I arrison not approved to Health Act 1983.	inder section 12 of the 1 ental
3.	DECLARATION	
	I am of the opinion that	
	<ul> <li>a) this patient is suffering from mental disorder within the and</li> </ul>	
	b) that the mental disorder is of a nature or degree which be decimed in a bospital for modical treatment, and	makes it appropriate for im byte to
	e) that appropriate medical ireatment is available for himby.	end
	DELETE ( $\epsilon$ ) IF YOU CANNOT PROVIDE THIS ASSURANCE	
	c) that he six is an argent seed of such treatment	
	*defete where applicable	
	il recentment treatment to a legis secure Scriptuals* .	
	My full medical report is given to the reverse.	
		Signature
	Signature	
	Date	3/3/17
		100

Page 4 of 5

Tue 04 Apr 2017 13:50 Confidential: Personal Data

D801		
DPA	I. DPA	