

NHS Number:	LPS Episode Reference ID:	
LIBERTY PROTECTION SAFEGUARDS MEDICAL ASSESSMENT OF A MENTAL DISORDER		
This template provides for an assessment and determination of a mental disorder. (If this is being used for a determination only and the evidence already exists then you need only complete the final determination section,)		
Full name of the person who may need the protection of these Safeguards		
Date of birth		
Address where the person usually lives		
Name of the Responsible Body		
Name and address of the Assessor		
Registered Profession of the Assessor		
Please confirm that you (the assessor) have an applied knowledge of the 2005 Act and the code of practice, and are eligible to carry out this assessment by ticking here:		
Name and address of the person making the determination, if different from the Assessor		
ASSESSMENT		
<p><i>Please describe the evidence which will be relied on to make the determination below, and where necessary please include details of their symptoms, diagnosis and behaviour</i></p>		

Template 3 – DRAFT

Most recent date the person was seen as part of the assessment:	
---	--

DETERMINATION IN RELATION TO A MENTAL DISORDER (Place a cross in EITHER box below)

In my opinion the person HAS a mental disorder within the meaning of the Mental Health Act 1983.	
---	--

In my opinion the person DOES NOT HAVE a mental disorder within the meaning of the Mental Health Act 1983.	
---	--

The reasons for my opinion are (<i>if this is a determination only, include a consideration of how long ago the assessment was completed, where applicable</i>)

PLEASE SIGN AND DATE THIS FORM

Signed		Date	
Print Name		Time	

Registered Profession of person making the determination, if this is not the Assessor.	
--	--