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| Case ID Number: | | | | | | | |
| **DEPRIVATION OF LIBERTY SAFEGUARDS FORM 4B**  **MENTAL HEALTH, and ELIGIBILITY ASSESSMENTS** | | | | | | | |
| This combined form contains 3 separate assessments; if any assessment is negative there is no need to complete the others unless specifically commissioned to do so by the Supervisory Body. | | | | | | | |
| **Please indicate which assessments have been completed.**  *(\*Supervisory Bodies will vary in practice as to who completes the Mental Capacity assessment)* | | | | | | | |
| Mental Health |  | Eligibility |  | |  | | |
| This form is being completed in relation to a request for a (further) standard authorisation. | | | | | | |  |
| Full name of the person being assessed and name of the care home or hospital. | |  | | | | | |
| Date of birth  *(or estimated age if unknown)* | |  | | Est. Age | |  | |
| Name and address of the Assessor | |  | | | | | |
| Profession of the Assessor | |  | | | | | |
| Name of the Supervisory Body | |  | | | | | |

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| **MENTAL HEALTH ASSESSMENT** | | | | | | |
| A peviously mental health assessment was carried out and concluded that the mental health requirement was met on **Date……………………..** | | | | | | |
| **Place a cross against all the boxes below,** *if you are unable to do so then a complete Form 4 is required* | | | | | | |
| In carrying out this fresh assessment I have considered the previous assessment, consulted the managing authority and considered all information provided to me by the supervisory body, in particular, as to whether there have been any material changes in the person’s condition or circumstances. | | | | |  | |
| In my opinion, the person **IS** **STILL** suffering from a mental disorder within the meaning of the Mental Health Act 1983 (disregarding any exclusion for persons with learning disability) | | | | |  | |
| My opinion remains that the person’s mental health is not likely to be affected by being deprived of their liberty under the proposed arrangements. | | | | |  | |
| **ELIGIBILITY ASSESSMENT** | | | | | | |
| An eligibility assessment was carried out previously and concluded that the person was eligible for DoLS the mental health requirement was met on **Date………….** | | | | | | |
| **Place a cross against all the boxes below,** *if you are unable to do so then a complete Form 4 is required* | | | | | | |
| In carrying out this fresh assessment I have considered the previous assessment, consulted the managing authority and considered all information provided to me by the supervisory body, in particular as to whether there have been any material changes in the person’s circumstances. | | | |  | |  |
| My opinion remains that the person is still eligible for DoLS I *If the answer is No you need to complete a Full Form 4.* | | | |  | |  |
|  | |  |
| **PLEASE NOW SIGN AND DATE THIS FORM** | | | | | | |
| Signed |  | Date |  | | | |
| Print Name |  | Time |  | | | |