

## Appendix 7: Form MH1

### \*Request / Disclosure of Personal Information (Mental Health) (\*Circle as appropriate)

Police Ref. (Prefix of DCP/request no./year) (Use new request. This is the unique master/ref. no.)		Trust / Council Ref. (PMH/request no./year) Use new request. This is the unique master/ref. no.)	
DCP:		PMH:	
<b>Update of previous information?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Master unique reference (use this for updating information)			
DCP:		PMH:	
<b>Priority:</b> <input type="checkbox"/> Within 2 hours <input type="checkbox"/> Routine within 48 hours      (tick as appropriate)			
<b>Person's Details</b>			
Last name/family name:		First name(s):	
Alias:	Date of Birth:	Place of Birth:	
Address:			Postcode:
Ethnicity (tick boxes):    1. White <input type="checkbox"/> 2. Mixed <input type="checkbox"/> 3. Asian or Asian British <input type="checkbox"/> 4. Black or Black British <input type="checkbox"/> Chinese or other ethnic group <input type="checkbox"/>			
Distinguish marks / unique features:			
Reason for request / disclosure for information: <input type="checkbox"/> Risk / <input type="checkbox"/> Harm      (*Circle as appropriate)			
Consent: *Sought/Obtained      *Sought/Refused      *Consent not Sought      (*Circle as appropriate)			
Reasons for not seeking consent:			
Information required: 1. Previous convictions / Warning and Cautions <input type="checkbox"/> 2. Circumstances of arrest <input type="checkbox"/> 3. Weapons <input type="checkbox"/> Violence <input type="checkbox"/> Drug / alcohol use/risks <input type="checkbox"/> Risk to children <input type="checkbox"/> Risk to vulnerable adults <input type="checkbox"/> <input type="checkbox"/> Risk of inappropriate sexual behaviour <input type="checkbox"/> Risk to staff <input type="checkbox"/> Any other risks (please not below)			
Requested by (print name and designation of authorized signatory):			
Date:			
Contact person and Tel. No. (include code):			

**Health / Social Services to use this form when disclosing information about significant events / risks to Devon & Cornwall Police**

Trust / Council Ref. No. (as recorded at top of page 1):		PMH:		
<b>Person's Details</b>				
Last name/family name:		First name(s):		
Alias:	Date of Birth:	Place of Birth:		
<b>Category of Risk</b>				
Please tick relevant box	High Risk	Medium Risk	Low Risk	Comments / Effects on Risk
<input type="checkbox"/> Harm to self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Violence towards others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Violence towards property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Weapons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Abuse of illicit drugs / alcohol / prescription medication (delete as required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Failure to take medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Absconding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> No fixed abode	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Risk to children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Fear of uniforms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Adverse reaction / fear of authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Other (please state)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other comments to include:				
<input type="checkbox"/> Mental health problems <input type="checkbox"/> Learning disability <input type="checkbox"/> Epilepsy				
Current risk / trigger factors:				
Name and designation:				
Signature and date:				

**Heath / Social Services to use this form when disclosing information about significant events / risks to Devon & Cornwall Police**

Trust / Council Ref. No. (as recorded at top of page 1):		PMH:	
<b>Person's Details</b>			
Last name/family name:		First name(s):	
Alias:	Date of Birth:	Place of Birth:	
<b>Continuation Sheet</b>			
Name and designation:			
Signature and date:			