

**NOTIFICATION OF ESCAPE OR ABSCOND OF A RESTRICTED PATIENT**

Patient’s Name:

MHCS Reference No:

DOB:

Detaining Hospital:

Level of Security:

Ward name:

Ward Telephone No:

Contact Name:

Name of RC:

RC’s Email:

Date of Escape/Abscond:

Have the Police been Notified: YES/NO

*(if YES, please provide the police reference no.)*

Circumstances of Escape/Abscond:

Please provide a brief summary of Patient’s mental state at time of Escape/Abscond (when completed, please email to MHCSMailbox@justice.gov.uk)