

**NOTIFICATION OF THE RETURN OF A RESTRICTED PATIENT FROM ESCAPE OR ABSCOND**

Patient’s Name:

MHCS Reference No:

DOB:

Date of Escape/Abscond:

Date of return from Escape/Abscond:

Abscond Report

(This section should provide an update on the Patient’s mental state, their reasons for absconding, any incidents of concern, the patient’s whereabouts and what the patient did while absent. When completed, please email to MHCSMailbox@justice.gov.uk )