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SCHEDULE

Regulation 3

FORMS FOR USE IN CONNECTION WITH COMPULSORY ADMISSION TO HOSPITAL

“SCHEDULE 1

Regulations 4—11, 15 and 16

FORMS FOR USE IN CONNECTION WITH COMPULSORY ADMISSION
TO HOSPITAL, GUARDIANSHIP AND CONSENT TO TREATMENT
FORM 2Mental Health Act 1983 Section 2Application by an Approved Social Worker for Admission
for Assessment

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Regulation 4(1)(a)(ii)

To the Managers of [name and address of hospital or mental nursing home].

I [your full name] of [your office address] hereby apply for the admission of [full name of patient] of [address of patient] for assessment in accordance with Part II of the Mental Health Act 1983.

I am an officer of [name of local social services authority]; appointed to act as an approved social worker for the purposes of the Act.

Indicate clearly below if the nearest relative is known or not.

The following section should be completed if nearest relative known.

Indicate if (a) or (b) is applicable.

(a) To the best of my knowledge and belief [name and address] is the patient's nearest relative within the meaning of the Act.

*Delete the phrase which does not apply.

I have/have not yet* informed that person that this application is to be made and of his power to order the discharge of the patient.

OR

(b) I understand that [name and address] has been authorised by a county court/the patient's nearest relative* to exercise the functions under the Act of the patient's nearest relative.

I have/have not yet* informed that person that this application is to be made and of his power to order the discharge of the patient.

(a) I have been unable to ascertain who is the patient's nearest relative within the meaning of the Act.

OR

(b) To the best of my knowledge and belief this patient has no nearest relative within the meaning of the Act.

The following section must be completed in all cases

I last saw the patient on [date].

I have interviewed the patient and I am satisfied that detention in a hospital is in all the circumstances of the case the most appropriate way of providing the care and medical treatment of which the patient stands in need.

This application is founded on two medical recommendations in the prescribed form.

If neither of the medical practitioners knew the patient before making their recommendations, please explain why you could not get a recommendation from a medical practitioner who did know the patient:-

Signed

Date

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Regulation 4(1)(b)(i)

THIS FORM MUST ONLY BE COMPLETED IF BOTH DOCTORS ARE PRESENT

We [full names and addresses of both medical practitioners], registered medical practitioners, recommend that [full name and address of patient] be admitted to a hospital for assessment in accordance with Part II of the Mental Health Act 1983.

I [name of first practitioner] last examined this patient on [date].

*I had previous acquaintance with the patient before I conducted that examination.

*Delete if not applicable.

*I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

I [name of second practitioner] last examined this patient on [date].

*I had previous acquaintance with the patient before I conducted that examination.

*Delete if not applicable.

*I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

We are of the opinion

(a) that this patient is suffering from mental disorder of a nature of degree which warrants the detention of the patient in a hospital for assessment

AND

(b) that this patient ought to be so detained

- (i) in the interests of the patient's own health
- (ii) in the interests of the patient's own safety
- (iii) with a view to the protection of other persons

Delete the indents not applicable.

AND

(c) that informal admission is not appropriate in the circumstance of this case for the following reasons:-

(The full reason why informal admission is not appropriate must be given)

Signed

Date

Signed

Date

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Regulation 4(1)(b)(ii)

I [full name and address of medical practitioner], a registered medical practitioner, recommend that [full name and address of patient] be admitted to a hospital for assessment in accordance with Part II of the Mental Health Act 1983.

I last examined this patient on [date].

~~*Delete if not applicable.~~ *I had previous acquaintance with the patient before I conducted that examination.

~~..~~ *I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

I am of the opinion

(a) that this patient is suffering from mental disorder of a nature or degree which warrants detention of the patient in a hospital for assessment

AND

(b) that this patient ought to be so detained

~~Delete the indents not applicable.~~

- (i) in the interests of the patient's own health
- (ii) in the interests of the patient's own safety
- (iii) with a view to the protection of other persons

AND

(c) that informal admission is not appropriate in the circumstances of this case for the following reasons:-

(The full reason why informal admission is not appropriate must be given)

Signed

Date

FORM 7Mental Health Act 1983 Section 4Medical Recommendation for Emergency Admission for Assessment

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Regulation 4(1)(d)

THIS FORM IS TO BE USED ONLY FOR AN EMERGENCY APPLICATION

I [name and address of medical practitioner], a registered medical practitioner, recommend that [full name and address of patient] be admitted to a hospital for assessment in accordance with Part II of the Mental Health Act 1983.

I last examined this patient on [date] at [time].

*I had previous acquaintance with the patient before I conducted that examination.

*Delete if not applicable.

*I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

I am of the opinion—

(a) that this patient is suffering from mental disorder of a nature or degree which warrants the patient's detention in a hospital for assessment for at least a limited period.

AND

(b) that this patient ought to be so detained

- (i) in the interests of the patient's own health
- (ii) in the interests of the patient's own safety
- (iii) with a view to the protection of other persons

Delete the indents not applicable.

AND

(c) that informal admission is not appropriate in the circumstances of this case.

In my opinion it is of urgent necessity for the patient to be admitted and detained under section 2 of the Act. Compliance with the provisions of Part II of the Act relating to applications under that section would involve undesirable delay.

In my opinion an emergency exists, because I estimate that compliance with those provisions would cause about [] hours' delay, and I consider such a delay might result in harm as follows (state reasons) to

- *(a) the patient
- *(b) those now caring for him.
- *(c) other persons

I understand that the managers of the hospital to which the patient is admitted may ask me for further information relevant to this recommendation I was first made aware that his condition was causing anxiety, such that it might warrant immediate admission to hospital—

- †(a) Today at [time]
- †(b) Yesterday
- †(c) On [date if within one week]
- †(d) More than a week ago

†Delete whichever do not apply.

Signed
 Date
 Time

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Regulation 4(1)(e)(ii)

To the Managers of [name and address of hospital or mental nursing home].

I [your full name] of [your office address] hereby apply for the admission of [full name of patient] of [address of patient] for treatment in accordance with Part II of the Mental Health Act 1983 as a person suffering from:

mental illness, mental impairment, severe mental impairment, psychopathic disorder [enter whichever of these is appropriate].

I am an officer of [name of local social services authority] appointed to act as an approved social worker for the purposes of the Act.

Indicate clearly below if the nearest relative had been consulted or not.

The following section should be completed where consultation has taken place.

Complete (a) or (b)

(a) I have consulted [name and address] who to the best of my knowledge and belief is the patient's nearest relative within the meaning of the Act.

That person known as the nearest relative has not notified me or the local social services authority by whom I am appointed that he/she objects to this application being made.

OR

*Delete the phrase which does not apply.

(b) I have consulted [name and address] who I understand has been authorised by a county court/the patient's nearest relative* to exercise the functions under the Act of the patient's nearest relative.

That person known as the nearest relative has not notified me or the local social services authority by whom I am appointed that he/she objects to this application being made.

The following section should be completed where no consultation has taken place

Indicate whether (a), (b) or (c) applies.

(a) I have been unable to ascertain who is this patient's nearest relative within the meaning of the Act.

OR

(b) To the best of my knowledge and belief this patient has no nearest relative within the meaning of the Act.

OR

(c) I understand that [name and address] is

Delete either (i) or (ii).

(i) this patient's nearest relative within the meaning of the Act

(ii) authorised to exercise the functions of this patient's nearest relative under the Act

AND in my opinion it is not reasonably practicable or would involve unreasonable delay to consult that person before making this application.

The following section must be completed in all cases

I last saw the patient on [date].

I have interviewed the patient and I am satisfied that detention in a hospital is in all the circumstances of the case the most appropriate way of providing the care and medical treatment of which the patient stands in need.

This application is founded on two medical recommendations in the prescribed form.

If neither of the medical practitioners knew the patient before making their recommendations, please explain why you could not get a recommendation from a medical practitioner who did know the patient:—

Signed

Date

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Regulation 4(1)(f)(i)

THIS FORM MUST ONLY BE COMPLETED IF BOTH DOCTORS ARE PRESENT

We [full names and addresses of both practitioners], registered medical practitioners, recommend that [full name and address of patient] be admitted to a hospital for treatment in accordance with Part II of the Mental Health Act 1983.

I [name of first practitioner] last examined this patient on [date].

*I had previous acquaintance with the patient before I conducted that examination.

*Delete if not applicable.

*I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

I [name of second practitioner] last examined this patient on [date].

*I had previous acquaintance with the patient before I conducted that examination.

*I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

In our opinion this patient is suffering from – (complete (a) or (b))

(a) mental illness/severe mental impairment** and his mental disorder is of a nature or degree which makes it appropriate for him to receive medical treatment in a hospital;

**Delete the phrase which does not apply.

(b) psychopathic disorder/mental impairment** and his mental disorder is of a nature or degree which makes it appropriate for him to receive medical treatment in a hospital and such treatment is likely to alleviate or prevent a deterioration of his condition.

This opinion is founded on the following grounds:–

[Give clinical description of the patient’s mental condition].

We are of the opinion that it is necessary

- (i) in the interests of the patient’s own health
- (ii) in the interests of the patient’s own safety
- (iii) with a view to the protection of other persons

Delete the indents not applicable.

that this patient should receive treatment and it cannot be provided unless he is detained under section 3 of the Act, for the following reasons:–

[Reasons should indicate whether other methods of care or treatment (eg, out-patient treatment or local social services authority services) are available and if so why they are not appropriate, and why informal admission is not appropriate].

Signed

Date

Signed

Date

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Regulation 4(1)(f)(ii)

I [full name and address of practitioner], a registered medical practitioner, recommend that [full name and address of patient] be admitted to a hospital for treatment in accordance with Part II of the Mental Health Act 1983.

I last examined this patient on [date].

*Delete if not applicable. *I had previous acquaintance with the patient before I conducted that examination.

*I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

In my opinion this patient is suffering from - (complete (a) or (b))

The phrase which does not apply must be deleted. (a) mental illness/severe mental impairment and his mental disorder is of a nature or degree which makes it appropriate for him to receive medical treatment in a hospital;

(b) psychopathic disorder/mental impairment** and his mental disorder is of a nature or degree which makes it appropriate for him to receive medical treatment in a hospital and such treatment is likely to alleviate or prevent a deterioration of his condition.

This opinion is founded on the following grounds:-

[Give clinical description of the patient's mental condition].

I am of the opinion that it is necessary

- (i) in the interests of the patient's own health
(ii) in the interests of the patient's own safety
(iii) with a view to the protection of other persons

that this patient should receive treatment and it cannot be provided unless he is detained under section 3 of the Act, for the following reasons:-

[Reasons should indicate whether other methods of care or treatment (eg, out-patient treatment or local social services authority services) are available and if so why they are not appropriate, and why informal admission is not appropriate].

Signed

Date

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Regulation 4(1)(g)

To the Managers of [name of hospital or mental nursing home in which the patient is]

I [full name] am the registered medical practitioner (responsible for the patient's treatment)/the nominee of the registered medical practitioner in charge of the treatment of [full name of patient], who is an in-patient in this hospital and not at present liable to be detained under the Mental Health Act 1983. I hereby report, for the purposes of section 5(2) of the Act, that it appears to me that an application ought to be made under Part II of the Act for this patient's admission to hospital for the following reasons:-

Delete the phrase which does not apply.

[The full reasons why informal treatment is no longer appropriate must be given].

Signed

Date

Time

FORM 14Mental Health Act 1983 Sections, 2, 3, 4 and 5(2)Record of Receipt of Medical Recommendation(s) and Formal Admission to Hospital

Regulation 4(3)

(To be attached to the medical recommendation(s) and the application for admission or report)

[Name of hospital or mental nursing home]

[Full name of patient]

The above named patient was –
admitted to this hospital on [date]

Statutory documentation relating to this patient's liability to be detained under the Mental Health Act 1983 was received by me on behalf of the managers and the patient was consequently formally detained under section [] on [date].

The patient was given information in accordance with section 132 of the Act on [date].

Delete the phrase which does not apply.

The patient's nearest relative/the person authorised to exercise the functions of the nearest relative was informed of the patient's admission on [date].

The local social services authority of the area where the patient resided immediately before admission is [name of authority]. That authority was advised of the patient's admission on [date].

Signed
on behalf of the managers

Date

Time

FORM 15Mental Health Act 1983 Section 7Report of Receipt of Medical Recommendations

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Regulations 5(4)

(To be attached to the medical recommendation or the joint medical recommendation or, as the case may be, the second medical recommendation)

[Full name of patient]

This recommendation was received by me on behalf of the authority at [time] on [date] and the patient was received into guardianship on [date].

Signed

Date

FORM 21 Mental Health Act 1983 Section 7 Record of Acceptance of Guardianship Application

Regulation 5(3)

(To be attached to the guardianship application)

This application was accepted by/on behalf of the local social services authority on [date].

Signed
on behalf of the responsible social services authority

Date

The patient was informed of his/her right to apply to a Mental Health Review Tribunal on [date on which patient was informed].

Deletes the phrase which does not apply.

The patient's nearest relative/the person authorised to exercise the functions of the nearest relative was informed of the patient's reception into guardianship on [date].

Signed
on behalf of the responsible social services authority

Date

FORM 22 Mental Health Act 1983 Section 16 Reclassification of Patient Detained for Treatment

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Regulation 6(a)

PART I

(To be completed by the responsible medical officer)

To the Managers of [name of hospital or mental nursing home in which the patient is detained].
[Full name of patient].

I have consulted [give name or names and status of at least one other person] who has/have been professionally concerned with the patient's medical treatment.

It appears to me that this patient who is recorded on the application for admission to this hospital is suffering from (original classification as amended by any previous reclassification) is now suffering from mental illness, severe mental impairment, psychopathic disorder, mental impairment*.

*Delete whichever does not apply.

†In my opinion further medical treatment in hospital is likely to alleviate or prevent a deterioration of the patient's condition.

†Delete unless patient is reclassified above as suffering from psychopathic disorder or mental impairment.

Signed
Responsible Medical Officer

Date

PART II

(To be completed on behalf of the managers)

This report was received by me on behalf of the managers on [date].

The patient was informed of the above report on [date].

The patient's nearest relative/the person authorised to exercise the functions of the nearest relative was informed of the above report on [date].

Delete the phrase which does not apply or both if no known nearest relative.

Signed

Date

FORM 24Mental Health Act 1983 Section 19 and Schedule I Part II Authority for Transfer from One Hospital to Another Under Different Managers

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Regulation 7(2)

PART I

(To be completed on behalf of the managers of the hospital where the patient is detained)

Authority is hereby given for the transfer of [name of patient] from [name and address of hospital in which the patient is liable to be detained] to [name and address of hospital to which patient is to be transferred] in accordance with the Mental Health (Hospital, Guardianship and Consent to Treatment) Regulations 1983 within 28 days beginning with the date of this authority.

Signed
on behalf of managers of first named hospital

Date:

PART II

RECORD OF ADMISSION

(This is not part of the authority for transfer but is to be completed at the hospital to which the patient is transferred)

This patient was transferred to [name of hospital] in pursuance of this authority for transfer on [date of admission to receiving hospital]. The nearest relative was informed on [date].

Signed
on behalf of managers of receiving hospital

Date

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Regulation 8(3)(b)(i)

We [full names and addresses of practitioners], registered medical practitioners, recommend that [full name and address of patient] be transferred from guardianship to hospital in accordance with the Mental Health (Hospital, Guardianship and Consent to Treatment) Regulations 1983 and admitted to a hospital for treatment in accordance with Part II of the Mental Health Act 1983.

I [name of first practitioner] last examined this patient on [date].

*I had previous acquaintance with the patient before I conducted that examination.

*Delete if not applicable.

*I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

I [name of second practitioner] last examined this patient on [date].

*I had previous acquaintance with the patient before I conducted that examination.

*Delete if not applicable.

*I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

In our opinion this patient is suffering from – (complete (a) or (b))

(a) mental illness/severe mental impairment** and his mental disorder is of a nature or degree which makes it appropriate for him to receive medical treatment in a hospital;

**Delete the phrase which does not apply.

(b) psychopathic disorder/mental impairment** and his mental disorder is of a nature or degree which makes it appropriate for him to receive medical treatment in a hospital and such treatment is likely to alleviate or prevent a deterioration of his condition.

This opinion is founded on the following grounds:–

{Give clinical description of the patient's mental condition}

We are of the opinion that it is necessary

- (i) in the interests of the patient's own health
- (ii) in the interests of the patient's own safety
- (iii) with a view to the protection of other persons

Delete the initials not applicable.

that this patient should receive treatment and it cannot be provided unless he is detained under section 3 of the Act, for the following reasons:–

[Reasons should indicate why transfer to hospital is recommended and, where other methods of care or treatment (eg out-patient or local social services authority services) are available, why they are not appropriate, and why informal admission is not appropriate].

Signed

Date

Signed

Date

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Regulation 84(2)(b)(ii)

I [full name and address of practitioner], a registered medical practitioner, recommend that [full name and address of patient] be transferred from guardianship to hospital in accordance with the Mental Health (Hospital, Guardianship and Consent to Treatment) Regulations 1983 and admitted to a hospital for treatment in accordance with Part II of the Mental Health Act 1983.

I last examined this patient on [date].

*Delete if not applicable. *I had previous acquaintance with the patient before I conducted that examination.

*I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

In my opinion this patient is suffering from – (complete (a) or (b))

Delete the phrase which does not apply. (a) mental illness/severe mental impairment and his mental disorder is of a nature or degree which makes it appropriate for him to receive medical treatment in a hospital;

(b) psychopathic disorder/mental impairment** and his mental disorder is of a nature or degree which makes it appropriate for him to receive medical treatment in a hospital and such treatment is likely to alleviate or prevent a deterioration of his condition.

This opinion is founded on the following grounds:-

[Give clinical description of the patient's mental condition]

I am of the opinion that it is necessary

- (i) in the interests of the patient's own health
(ii) in the interests of the patient's own safety
(iii) with a view to the protection of other persons

that this patient should receive treatment and it cannot be provided unless he is detained under section 3 of the Act, for the following reasons:-

[Reasons should indicate why transfer to hospital is recommended and, where other methods of care or treatment (eg out-patient or local social services authority services) are available, why they are not appropriate, and why informal admission is not appropriate].

Signed

Date

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Regulation 10(1) and (3)

PART I

(To be completed by the responsible medical officer)

To the Managers of [name of hospital or mental nursing home in which patient is liable to be detained].

I examined [name of patient] on [date of examination] who was admitted to hospital on [date of admittance to hospital under the Mental Health Act 1983].

In my opinion this patient is suffering from – *(complete either (a) or (b) or both)*

(a) mental illness/severe mental impairment* and his mental disorder is of a nature or degree which makes it appropriate for him to receive medical treatment in a hospital and either

**(i) such treatment is likely to alleviate or prevent a deterioration of his condition,*

or

**(ii) the patient, if discharged, is unlikely to be able to care for himself, to obtain the care which he needs or to guard himself against serious exploitation,*

(b) psychopathic disorder/mental impairment* and his mental disorder is of a nature or degree which makes it appropriate for him to receive medical treatment in a hospital and such treatment is likely to alleviate or prevent a deterioration of his condition.

*Delete the phrase which does not apply.

I am of the opinion that it is necessary

- (i) in the interests of the patient's own health
- (ii) in the interests of the patient's own safety
- (iii) with a view to the protection of other persons

Delete the indents not applicable.

that this patient should receive treatment and it cannot be provided unless he continues to be detained under the Act, for the following reasons:–

[Reasons should indicate whether other methods of care or treatment (eg. out-patient treatment or local social services authority services) are available and if so why they are not appropriate, and why informal admission is not appropriate].

Signed

Date

PART II

(To be completed by the managers)

This report has been considered by the managers/persons authorised to act on behalf of the managers, who have decided not to order that the patient be discharged. The patient was informed of the receipt of this report on [date].

Delete the phrase which does not apply or both if nearest relative not known

The patient's nearest relative/the person authorised to exercise the functions of the patient's nearest relative was informed of this report on [date].

Signed
on behalf of the managers

Date