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SCHEDULE 1

FORMS

Form HO 1Mental Health Act 1983 section 2–application by nearest relative for admission for assessment

Regulation 4(1)(a)(i)

To the managers of [name and address of hospital]

I [full name] of [full address] apply for the admission of [full name of patient] of [full address of patient] for assessment in accordance with Part 2 of the Mental Health Act 1983.

Delete either (a) or (b) and complete as applicable

- (a) To the best of my knowledge and belief I am the patient's nearest relative within the meaning of the Act. I am the patient's [state relationship].
- (b) I have been authorised to exercise the functions under the Act of the patient's nearest relative by a county court/the patient's nearest relative *<delete the phrase that does not apply>*, and a copy of the authority is attached to this application.

I last saw the patient on [date] which was within the period of 14 days ending on the day this application is signed.

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

If neither of the medical practitioners had previous acquaintance with the patient before making their recommendations, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance with the patient [insert reasons]

Signed [signature]

Date [date]

Form HO 2Mental Health Act 1983 section 2–application by an approved mental health professional 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Status: This is the original version (as it was originally made).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]

I [full name] of [full office address] apply for the admission of [full name of patient] of [full address of patient] for assessment in accordance with Part 2 of the Mental Health Act 1983.

I am acting on behalf of [name of local social services authority] and am approved to act as an approved mental health professional for the purposes of the Act by that authority/[name of local social services authority that approved you, if different] *<delete as appropriate>*

The following section should be completed if nearest relative is known

Complete (a) or (b) as applicable and delete the other

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

OR

(b) I understand that [full 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 the nearest relative's power to order the discharge of the patient.

< Delete as appropriate>*

The following section should be completed if the nearest relative is not known

Delete (a) or (b)

(a) I have been unable to ascertain who the patient's nearest relative is 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 remainder of the form must be completed in all cases

I last saw the patient on [date] which is within the period of 14 days ending on the day this application is signed.

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 had previous acquaintance with the patient before making their recommendations, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance with the patient [insert reasons]

Signed [signature]

Date [date]

Form HO 3Mental Health Act 1983 section 2-joint medical recommendation 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)(b)(i)

We, both being registered medical practitioners, recommend that [full name and address of patient] be admitted to a hospital for assessment in accordance with Part 2 of the Mental Health Act 1983.

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

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

* I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

<* delete if not applicable >

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

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

* I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

<* delete if not applicable >

In our opinion this patient

(g) is suffering from mental disorder of a nature or degree which warrants the detention of the patient in hospital for assessment (or for assessment followed by medical treatment) for at least a limited period

AND

(h) 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 >

Our reasons for these opinions are: [Your reasons should cover both (a) and (b) above. As part of them describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; explain why the patient ought to be admitted to hospital and why informal admission is not appropriate]

Signed [signature]

Date [date]

Signed [signature]

Date [date]

Form HO 4Mental Health Act 1983 section 2–medical recommendation 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)(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 2 of the Mental Health Act 1983.

I last examined this patient on [date].

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

* I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

<* delete if not applicable >

In my opinion this patient

- (i) is suffering from mental disorder of a nature or degree which warrants detention of the patient in a hospital for assessment (or for assessment followed by medical treatment) for at least a limited period

AND

- (j) 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

My reasons for this opinion are: [Your reasons should cover both (a) and (b) above. As part of them describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; explain why the patient ought to be admitted to hospital and why informal admission is not appropriate]

Signed [signature]

Date [date]

Form HO 5Mental Health Act 1983 section 3–application by nearest relative for admission for treatment

Regulation 4(1)(c)(i)

To the managers of [name and address of hospital]

I [full name] of [full address] apply for the admission of [full name of patient] of [full address of patient] for treatment in accordance with Part 2 of the Mental Health Act 1983.

Delete either (a) or (b) and complete as applicable

- (k) To the best of my knowledge and belief I am the patient's nearest relative within the meaning of the Act. I am the patient's [state relationship].
- (l) I have been authorised to exercise the functions under the Act of the patient's nearest relative by a county court/the patient's nearest relative <delete the phrase that does not apply>, and a copy of the authority is attached to this application.

I last saw the patient on [date] which was within the period of 14 days ending on the day this application is signed.

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

If neither of the medical practitioners had previous acquaintance with the patient before making their recommendations, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance with the patient [insert reasons]

Signed [signature]

Date [date]

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

Form HO 6Mental Health Act 1983 section 3–application by an approved mental health professional for admission for treatment

Regulation 4(1)(c)(ii)

To the managers of [name and address of hospital]

I [full name] of [full address] apply for the admission of [full name of patient] of [full address of patient] for treatment in accordance with Part 2 of the Mental Health Act 1983.

I am acting on behalf of [name of local social services authority] and am approved to act as an approved mental health professional for the purposes of the Act by that authority/[name of local social services that approved you, if different] *<*delete as appropriate >*

The following section should be completed where consultation with the nearest relative has taken place.

Complete (a) or (b) and delete the other

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

OR

(n) I have consulted [full 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. *<* delete the phrase that does not apply>*

That person has not notified me or the local social services authority on whose behalf I am acting that he or she objects to this application being made.

The following section should be completed where no consultation with the nearest relative has taken place

Delete whichever two of (a), (b) or (c) do not apply

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

OR

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

OR

(q) I understand that [full name and address] is

(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

< delete either (i) or (ii) >*

but in my opinion it is not reasonably practicable/would involve unreasonable delay* to consult that person before making this application, because [insert reasons]

< Delete as appropriate>*

The remainder of this form must be completed in all cases

I saw the patient on [date] which was within the period of 14 days ending on the day this application is signed.

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 had previous acquaintance with the patient before making their recommendations, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance with the patient [insert reasons]

Signed [signature]

Date [date]

Form HO 7Mental Health Act 1983 section 3–joint medical recommendation for admission for treatment

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Regulation 4(1)(d)(i)

We, both being registered medical practitioners, recommend that [full name and address of patient] be admitted to a hospital for treatment in accordance with Part 2 of the Mental Health Act 1983.

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

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

* I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

<* delete as appropriate>

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

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

* I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

<* delete as appropriate>

In our opinion

(r) this patient is suffering from mental disorder of a nature or degree which makes it appropriate for the patient to receive medical treatment in hospital

AND

(s) it is necessary

- (i) for the patient's own health
- (ii) for the patient's own safety
- (iii) for the protection of other persons

<delete the indents not applicable>

that this patient should receive treatment in hospital

AND

(t) such treatment cannot be provided unless the patient is detained under section 3 of the Act

because [your reasons should cover (a), (b) and (c) above. As part of them describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; say whether other methods of care or treatment (e.g. out-patient treatment or social services) are available and, if so, why they are not appropriate; indicate why informal admission is not appropriate.]

We are also of the opinion that, taking into account the nature and degree of the mental disorder from which the patient is suffering and all the other circumstances of the case, appropriate medical treatment is available for the patient at the following hospital (or one of the following hospitals): [Enter name of hospital(s). If appropriate treatment is available in a particular part of the hospital, say which part].

Signed [signature]

Date [date]

Signed [signature]

Date [date]

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Regulation 4(1)(d)(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 2 of the Mental Health Act 1983.

I last examined this patient on [date].

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

* I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

<* delete as appropriate>

In my opinion

(u) this patient is suffering from mental disorder of a nature or degree which makes it appropriate for the patient to receive medical treatment in hospital

AND

(v) it is necessary

- (i) for the patient's own health
- (ii) for the patient's own safety
- (iii) for the protection of other persons

<delete the indents not applicable>

that this patient should receive treatment in hospital

AND

(w) such treatment cannot be provided unless the patient is detained under section 3 of the Act

because [your reasons should cover (a), (b) and (c) above. As part of them describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; say whether other methods of care or treatment (e.g. out-patient treatment or social services) are available and, if so, why they are not appropriate; indicate why informal admission is not appropriate.]

I am also of the opinion that, taking into account the nature and degree of the mental disorder from which the patient is suffering and all the other circumstances of the case, appropriate medical treatment is available for the patient at the following hospital (or one of the following hospitals): [Enter name of hospital(s). If appropriate treatment is available in a particular part of the hospital, say which part].

Signed [signature]

Date [date]

Form HO 9Mental Health Act 1983 section 4—emergency application by nearest relative for admission for assessment

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Regulation 4(1)(e)(i)

THIS FORM IS TO BE USED ONLY FOR AN EMERGENCY APPLICATION

To the managers of [name and address of hospital]

I [full name] of [full address] apply for the admission of [full name of patient] of [full address of patient] for assessment in accordance with Part 2 of the Mental Health Act 1983.

Delete (a) or (b) and complete as applicable

- (x) To the best of my knowledge and belief I am the patient's nearest relative within the meaning of the Act. I am the patient's [state relationship].
- (y) I have been authorised to exercise the functions under the Act of the patient's nearest relative by a county court/the patient's nearest relative *<delete the phrase that does not apply>*, and a copy of the authority is attached to this application.

I last saw the patient on [date] which was within the last 24 hours.

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

This application is founded on a medical recommendation in the prescribed form.

If the medical practitioner did not have previous acquaintance with the patient before making the recommendation, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance with the patient [insert reasons]

Signed [signature]

Date [date]

Time [time]

Form HO 10Mental Health Act 1983 section 4—emergency application by an approved mental health professional for admission for assessment

Regulation 4(1)(e)(ii)

THIS FORM IS TO BE USED ONLY FOR AN EMERGENCY APPLICATION

To the managers of [name and address of hospital]

I [full name] of [full address] apply for the admission of [full name of patient] of [full address of patient] for assessment in accordance with Part 2 of the Mental Health Act 1983.

I am acting on behalf of [name of local social services authority] and am approved to act as an approved mental health professional for the purposes of the Act by that authority/[name of local social services authority that approved you, if different] *<delete as appropriate>*.

I last saw the patient on [date] at [time] which was within the last 24 hours.

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.

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

This application is founded on a medical recommendation in the prescribed form.

If the medical practitioner did not have previous acquaintance with the patient before making the recommendation, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance with the patient [insert reasons]

Signed [signature]

Date [date]

Time [time]

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Form HO 11Mental Health Act 1983 section 4–medical recommendation for emergency admission for assessment

Regulation 4(1)(f)

THIS FORM IS TO BE USED ONLY FOR AN EMERGENCY APPLICATION

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 2 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.

* I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

<*delete if not applicable>

I am of the opinion–

(z) 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

(aa) 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

(bb) it is of urgent necessity for the patient to be admitted and detained under section 2 of the Act.

My reasons for this opinion are: [Your reasons should cover (a), (b) and (c) above. As part of the describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; also explain why the patient ought to be admitted to hospital urgently and why informal admission is not appropriate]

Compliance with the provisions of Part 2 of the Act relating to applications under section 2 would involve undesirable delay, because [say approximately how long you think it would take to obtain a second medical recommendation and what risk such a delay would pose to the patient or to other people]

Signed [signature]

Date [date]

Time [time]

Form HO 12Mental Health Act 1983 section 5(2)–report on hospital in–patient

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)(g)

PART 1

(To be completed by the registered medical practitioner or approved clinician in charge of the treatment of the patient under section 5(2), or any person nominated under section 5(3))

To the managers of [name and address of hospital]

I am [full name] and I am

Delete (a) or (b) as appropriate

(cc) the registered medical practitioner/the approved clinician (who is not a registered medical practitioner) <delete the phrase which does not apply>

OR

(dd) a registered medical practitioner/an approved clinician who is the nominee of the registered medical practitioner or the approved clinician <delete the phrase which does not apply>

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.

It appears to me that an application ought to be made under Part 2 of the Act for this patient's admission to hospital for the following reasons [the full reasons why informal treatment is no longer appropriate must be given.]

I am furnishing this report by: <delete the phrase which does not apply>

consigning it to the hospital managers' internal mail system today at [time]

delivering it (or having it delivered) by hand to a person authorised by the hospital managers to receive it.

Signed [signature]

Date [date]

PART 2

(To be completed on behalf of the hospital managers)

This report was <delete the phrase which does not apply>

furnished to the hospital managers through their internal mail system

delivered to me in person as someone authorised by the hospital managers to receive this report at [time] on [date]

Signed [signature], on behalf of the hospital managers

Name [name]

Date [date]

Form HO 13Mental Health Act 1983 section 5(4) – record of hospital in-patient

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Regulation 4(1)(h)

To the managers of [name and address of hospital]

[Full name of the patient]

It appears to me that –

(ee) this patient, who is receiving treatment for mental disorder as an in-patient of this hospital, is suffering from mental disorder to such a degree that it is necessary for the patient's health or safety or for the protection of others for this patient to be immediately restrained from leaving the hospital

AND

(ff) it is not practicable to secure the immediate attendance of a registered medical practitioner or an approved clinician for the purpose of furnishing a report under section 5(2) of the Mental Health Act 1983.

I am [full name], a nurse registered–

<delete whichever do not apply >

(gg) in Sub-Part 1 of the register, whose entry includes an entry to indicate the nurse's field of practice is mental health nursing

OR

(hh) in Sub-Part 2 of the register, whose entry includes an entry to indicate the nurse's field of practice is mental health nursing

OR

(ii) in Sub-Part 1 of the register, whose entry includes an entry to indicate the nurse's field of practice is learning disabilities nursing

OR

(jj) in Sub-Part 2 of the register, whose entry includes an entry to indicate the nurse's field of practice is learning disabilities nursing

Signed [signature]

Date [date]

Time [time]

Form HO 14Mental Health Act 1983 sections 2, 3 and 4 – record of detention in hospital

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Regulation 4(3)

(To be attached to the application for admission or further medical recommendation)

PART 1

[Name and address of hospital]

[Full name of patient]

Complete (a) if the patient is not already an in-patient in the hospital

Complete (b) if the patient is already an in-patient

Delete the one which does not apply

(kk) The above named patient was admitted to this hospital on [date of admission to hospital] at [time] in pursuance of an application for admission under section [state section] of the Mental Health Act 1983

(ll) An application for the admission of the above named patient (who had already been admitted to this hospital) under section [state section] of the Mental Health Act 1983 was received by me on behalf of the hospital managers on [date] at [time] and the patient was accordingly treated as admitted for the purposes of the Act from that time.

Signed [signature], on behalf of the hospital managers

Name [full name]

Date [date]

PART 2

(To be completed only if the patient was admitted in pursuance of an emergency application)

On [date] at [time] I received, on behalf of the hospital managers, the second medical recommendation in support of the application for the admission of the above named patient.

Signed [signature], on behalf of the hospital managers

Name [full name]

Date [date]

Form HO 15Mental Health Act 1983 section 20–renewal of authority for detention

PART 1

(To be completed by the responsible clinician)

To the managers of [name and address of hospital in which the patient is liable to be detained].

I examined [full name of patient] on [date of examination]. The patient is liable to be detained for a period ending on [date authority for detention is due to expire]

I have consulted [full name] a [state profession] who has been professionally concerned with the patient's treatment.

In my opinion

(mm) this patient is suffering from mental disorder of a nature or degree which makes it appropriate for the patient to receive medical treatment in a hospital

AND

(nn) it is necessary

- (i) for the patient's own health
 - (ii) for the patient's own safety
 - (iii) for the protection of other persons,
- <delete the indents not applicable>

that this patient should receive treatment in hospital, because [Your reasons should cover both (a) and (b) above. As part of them describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; say whether other methods of treatment or care (e.g. out-patient treatment or social services) are available and, if so, why they are not appropriate.]

Such treatment cannot be provided unless the patient continues to be detained under the Act, for the following reasons [Reasons should indicate why informal admission is not appropriate.]

I am also of the opinion that, taking into account the nature and degree of the mental disorder from which the patient is suffering and all the other circumstances of the case, appropriate medical treatment is available to the patient.

Signed [signature]

Name [full name]

Profession [profession]

Date [date]

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PART 2

(To be completed by a professional who has been professionally concerned with patient's medical treatment and who is of a different profession from the Responsible Clinician)

I agree with the responsible clinician that: this patient is suffering from mental disorder of a nature or degree which makes it appropriate for the patient to receive medical treatment in a hospital; it is necessary for the patient's own health or safety or for the protection of other persons that the patient should receive such treatment and it cannot be provided unless the patient continues to be detained under the Act; and that, taking into account the nature and degree of the mental disorder from which the patient is suffering and all other circumstances of the case, appropriate medical treatment is available for the patient.

Signed [signature]
Name [name]
Profession [profession]
Date [date]

PART 3

(To be completed by the Responsible Clinician)

I am furnishing this report by: <delete the phrase which does not apply>
today consigning it to the hospital managers' internal mail system
sending or delivering it without using the hospital managers' internal mail system

Signed [signature]
Date [date]

PART 4

(To be completed on behalf of the hospital managers)

This report was <delete the phrase which does not apply>
furnished to the hospital managers through their internal mail system
received by me on behalf of the hospital managers on [date]

Signed [signature], on behalf of the hospital managers
Name [name]
Date [date]

Form HO 16Mental Health Act 1983 section 21B—authority for detention after absence without leave for more than 28 days

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

PART 1

(To be completed by the responsible clinician)

To the managers of [name of hospital in which the patient is liable to be detained]

I examined [name of patient] on [date of examination] who:

(oo) was absent without leave from hospital or the place where the patient ought to have been beginning on [date absence without leave began];

(pp) was/is* liable to be detained for a period ending on [date authority for detention would have expired, apart from any extension under section 21, or date on which it will expire]; *<*delete the phrase which does not apply>* and

(qq) returned to the hospital or place on [date].

I have consulted [full name] who is an approved mental health professional.

I have also consulted [full name] a [profession] who has been professionally concerned with the patient's treatment.

In my opinion

(rr) this patient is suffering from mental disorder of a nature or degree which makes it appropriate for the patient to receive medical treatment in a hospital

AND

(ss) it is necessary

- (i) for the patient's own health
- (ii) for the patient's own safety
- (iii) for the protection of other persons

<delete the indents not applicable>

that this patient should receive treatment in hospital, because [Your reasons should cover both (a) and (b) above. As part of them describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; say whether other methods of treatment or care (e.g. out-patient treatment or social services) are available and, if so, why they are not appropriate.]

Such treatment cannot be provided unless the patient continues to be detained under the Act, for the following reasons [Reasons should indicate why informal admission is not appropriate.]

I am also of the opinion that, taking into account the nature and degree of the mental disorder from which the patient is suffering and all the other circumstances of the case, appropriate medical treatment is available to the patient.

The authority for the detention of the patient is/is not* due to expire within a period of two months beginning with the date on which this report is to be furnished to the hospital managers. *<*delete the phrase which does not apply>*

Complete the following only if the authority for detention is due to expire within that period of two months.

This report shall/shall not* have effect as a report duly furnished under section 20(3) for the renewal of the authority for the detention of the patient. *<*delete the phrase which does not apply>*

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Complete the following in all cases

I am furnishing this report by: <delete the phrase which does not apply>
today consigning it to the hospital managers' internal mail system
sending or delivering it without using the hospital managers' internal mail system

Signed [signature]

Name [name]

Date [date]

PART 2

(To be completed on behalf of the hospital managers)

This report was <delete the phrase which does not apply>
furnished to the hospital managers through their internal mail system
received by me on behalf of the hospital managers on [date]

Signed [signature], on behalf of the hospital managers

Name [name]

Date [date]

Form HO 17Mental Health Act 1983 section 23 – discharge by the responsible clinician or the hospital managers

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Regulation 7

I/We* order the discharge of [full name of patient and their address] from liability to detention under [state section] of the Mental Health Act 1983 on [date] at [time]

The patient will/will not* be remaining in hospital.

<*delete as appropriate>

Signed [signature]

Name [name], the Responsible Clinician

Date [date]

OR

Signed [signature] Name [name], a Hospital Manager

Signed [signature] Name [name], a Hospital Manager

Signed [signature] Name [name], a Hospital Manager

Date [date]

Form GU 1Mental Health Act 1983 section 7–guardianship application by nearest relative

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

Regulation 9(1)(a)(i) and (b)

PART 1

(To be completed by the nearest relative)

To the [name of local social services authority]

I [your full name] of [your full address] apply for the reception of [full name of patient] of [full address of patient] into the guardianship of [name and address of proposed guardian] in accordance with Part 2 of the Mental Health Act 1983.

Delete (a) or (b) and complete as applicable

(tt) To the best of my knowledge and belief I am the patient's nearest relative within the meaning of the Act. I am the patient's [state relationship].

(uu) I have been authorised to exercise the functions under the Act of the patient's nearest relative by a county court/the patient's nearest relative <delete the phrase which does not apply>, and a copy of the authority is attached to this application.

Delete (i) or (ii) as applicable, and where (i) applies insert the date

(i) The patient's date of birth is [date]

OR

(ii) I believe the patient is aged 16 years or over.

I last saw the patient on [date] which was within the period of 14 days ending on the day this application is signed.

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

If neither of the medical practitioners had previous acquaintance with the patient before making their recommendations, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance with the patient [insert reasons]

Signed [signature]

Date [date]

PART 2

(To be completed by the proposed guardian, only if the proposed guardian is not a local social services authority)

I am willing to act as the guardian of the above named patient in accordance with Part 2 of the Mental Health Act 1983. I confirm that my full name and address is as entered in Part 1 of this form.

Signed [signature]

Date [date]

Form GU 2Mental Health Act 1983 section 7—guardianship application by an approved mental health professional

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

Regulation 9(1)(a)(ii) and (b)

PART 1

(To be completed by the approved mental health professional)

To the [name of local social services authority]

I [full name] of [full office address] apply for the reception of [full name of patient] of [full address of patient] into the guardianship of [full name and address of proposed guardian] in accordance with Part 2 of the Mental Health Act 1983 as a person suffering from mental disorder.

I am acting on behalf of [name of local social services authority] and am approved to act as an approved mental health professional for the purposes of the Act by that authority/[name of local social services authority that approved you]. *<Delete as appropriate>*

The following section should be completed where consultation with the nearest relative has taken place

Complete (a) or (b) as applicable and delete the other

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

OR

(ww) I have consulted [full 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. *<* delete the phrase which does not apply>*

That person has not notified me or the local social services authority on whose behalf I am acting that he or she objects to this application being made.

The following section should be completed where no consultation with the nearest relative has taken place

Delete whichever two of (a), (b) or (c) do not apply

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

OR

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

OR

(zz) [full name and address] is

(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

<Delete the phrase which does not apply>

but in my opinion it is not reasonably practicable/would involve unreasonable delay *<Delete as appropriate>* to consult that person before making this application, because [give reasons].

The remainder of Part 1 of this form must be completed in all cases

I last saw the patient on [date] which was within the period of 14 days ending on the day this application is signed.

Delete (i) or (ii) as applicable, and where (i) applies insert the date

(i) The patient's date of birth is [date].

OR

(ii) I believe the patient is aged 16 years or over.

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

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

If neither of the medical practitioners had previous acquaintance with the patient before making their recommendations, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance of the patient [insert reasons]

Signed [signature]

Date [date]

PART 2

(To be completed by the proposed guardian, only if the proposed guardian is not a local social services authority)

I am willing to act as the guardian of the above named patient in accordance with Part 2 of the Mental Health Act 1983. I confirm that my full name and address is as entered in Part 1 of this form.

Signed [signature]

Date [date]

Form GU 3Mental Health Act 1983 section 7– joint medical recommendation for reception into guardianship

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

Regulation 9(1)(c)(i)

We, both being registered medical practitioners, recommend that [full name and address of patient] be received into guardianship in accordance with Part 2 of the Mental Health Act 1983.

I [full name and address of first practitioner] last examined this patient on [date], and

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

*I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

<*delete as appropriate>

I [full name and address of second practitioner] last examined this patient on [date] and

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

* I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

<*delete as appropriate>

In our opinion

(aaa) this patient is suffering from mental disorder of a nature or degree which warrants reception into guardianship under the Act.

AND

(bbb) it is necessary

- (i) in the interests of the welfare of the patient
- (ii) for the protection of other persons

<delete (i) or (ii) unless both apply>

that the patient should be so received.

Our reasons for these opinions are: [Your reasons should cover both (a) and (b) above. As part of them describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; explain why the patient cannot appropriately be cared for without powers of guardianship.]

Signed [signature]

Date [date]

Signed [signature]

Date [date]

Form GU 4Mental Health Act 1983 section 7–medical recommendation for reception into guardianship

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

Regulation 9(1)(c)(ii)

I [full name and address of practitioner], a registered medical practitioner recommend that [full name and address of patient] be received into guardianship in accordance with Part 2 of the Mental Health Act 1983.

I last examined this patient on [date]

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

* I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

<*delete as appropriate>

In my opinion

(ccc) this patient is suffering from mental disorder of a nature or degree which warrants reception into guardianship under the Act.

AND

(ddd) it is necessary

- (i) in the interests of the welfare of the patient
- (ii) for the protection of other persons

<delete (i) or (ii) unless both apply>

that the patient should be so received.

My reasons for these opinions are: [Your reasons should cover both (a) and (b) above. As part of them describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; explain why the patient cannot appropriately be cared for without powers of guardianship.]

Signed [signature]

Date [date]

Form GU 5Mental Health Act 1983 section 7–record of acceptance of guardianship application

Regulation 9(3)

(To be attached to the guardianship application)

[Full name and address of the patient]

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

<*Delete the phrase that does not apply>

Signed [signature], on behalf of the responsible social services authority

Name [full name]

Date [date]

Form GU 6Mental Health Act 1983 section 20–renewal of authority for guardianship

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

PART 1

(To be completed by the responsible clinician or nominated medical attendant)

To [name of guardian]
[name of responsible local social services authority if it is not the guardian]

I examined [full name of patient] on [date].

The patient is subject to guardianship for a period ending on [date authority for guardianship is due to expire].

In my opinion

(eee) this patient is suffering from a mental disorder of a nature or degree which warrants the patient's reception into guardianship under the Act

AND

(fff) it is necessary

- (i) in the interests of the welfare of the patient
- (ii) for the protection of other persons

<delete (i) or (ii) unless both apply>

that the patient should remain under guardianship under the Act.

My reasons for these opinions are: [Your reasons should cover both (a) and (b) above. As part of them describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; explain why the patient cannot appropriately be cared for without powers of guardianship.]

Signed [signature]

Responsible Clinician/Nominated Medical Attendant <delete whichever does not apply>

Name [full name]

Date [date]

PART 2

(To be completed on behalf of the responsible local social services authority)

This report was received by me on behalf of the local social services authority on [date].

Signed [signature], on behalf of the local social services authority

Name [name]

Date [date]

Form GU 7Mental Health Act 1983 section 21B – authority for guardianship after absence without leave for more than 28 days

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

Regulation 13

PART 1

(To be completed by the responsible clinician or nominated medical attendant)

To [name of guardian]
[name of responsible local social services authority if it is not the guardian]

I examined [full name of patient] on [date of examination] who:

(ggg) was absent without leave from the place where the patient is required to reside beginning on [date absence without leave began];

(hhh) was/is* subject to guardianship for a period ending on [date authority for guardianship would have expired, apart from any extension under section 21, or date on which it will expire]; *<delete the phrase which does not apply>* and

(iii) returned to that place on [date].

In my opinion

(jjj) this patient is suffering from mental disorder of a nature or degree which warrants the patient's reception into guardianship under the Act

AND

(kkk) it is necessary

(i) in the interests of the welfare of the patient

(ii) for the protection of other persons

<delete (i) or (ii) unless both apply>

that the patient should remain under guardianship under the Act.

My reasons for this opinion are: [Your reasons should cover both (a) and (b) above. As part of them describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; explain why the patient cannot appropriately be cared for without powers of guardianship.]

The authority for the guardianship of the patient is/is not* due to expire within a period of two months beginning with the date on which this report is to be furnished. *<delete the phrase which does not apply>*

Complete the following only if the authority for guardianship is due to expire within that period of two months.

This report shall/shall not* have effect as a report duly furnished under section 20(6) for the renewal of the authority for the guardianship of the patient. *<delete the phrase which does not apply>*

Signed [signature]

Responsible Clinician/Nominated Medical Attendant *<delete whichever does not apply>*

Name [full name]

Date [date]

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

PART 2

(To be completed on behalf of the responsible local social services authority)

This report was received by me on behalf of the local social services authority on [date].

Signed [signature], on behalf of the local social services authority

Name [full name]

Form GU 8Mental Health Act 1983 section 23 – discharge by the responsible clinician or the responsible local social services authority

Regulation 14

I order the discharge of [full name of patient and their address] from guardianship under section [state section] of the Mental Health Act 1983 on [date] at [time]

Signed [signature], the Responsible Clinician

Name [name]

Date [date]

OR

Signed [signature], on behalf of the responsible local social services authority

Name [name]

Date [date]

Form CP 1Mental Health Act 1983 section 17A – community treatment order

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

Regulation 16(1)

PART 1

(To be completed by the Responsible Clinician)

I [full name and address] am the responsible clinician for [full name and address of patient].

In my opinion:

- (a) the patient is suffering from mental disorder of a nature or degree which makes it appropriate for the patient to receive medical treatment
- (b) it is necessary for:–
 - (i) the patient's health;
 - (ii) the patient's safety;
 - (iii) the protection of other persons,<Delete any phrase which is not applicable>
that the patient should receive such treatment
- (c) such treatment can be provided without the patient continuing to be detained in a hospital provided the patient is liable to being recalled to hospital for medical treatment
- (d) it is necessary that the responsible clinician should be able to exercise the power under section 17E(1) to recall the patient to hospital
- (e) taking into account the nature and degree of the mental disorder from which the patient is suffering and all other circumstances of the case, appropriate medical treatment is available to the patient

My opinion is founded on the following grounds [give grounds for opinion]

I confirm that in determining whether the criterion at (d) above is met, I have considered what risk there would be of deterioration of the patient's condition if the patient were not detained in hospital, with regard to the patient's history of mental disorder and any other relevant factors.

Conditions to which the patient is to be subject by virtue of this community treatment order

1. The patient is to make himself or herself available for examination under section 20A, as requested.

2. If it is proposed to give a certificate under Part 4A of the Act in the patient's case, the patient is to make himself or herself available for examination to enable the certificate to be given, as requested.

The patient is also to be subject to the following conditions (if any) under section 17B(2) of the Act:

[set out conditions]

I confirm that I consider the above conditions to be made under section 17B(2) of the Act are necessary or appropriate for one or more of the following purposes:

- to ensure that the patient receives medical treatment
- to prevent risk of harm to the patient's health or safety
- to protect other persons.

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

Signed [signature], Responsible Clinician

Date [date]

PART 2

(To be completed by an approved mental health professional)

I [full name and address] am acting on behalf of [name of local social services authority] and am approved to act as an approved mental health professional for the purposes of the Act by that authority/[name of LSSA that approved you, if different]. *<Delete as appropriate>*

I agree that:

- (i) the above patient meets the criteria for a community treatment order to be made
- (ii) it is appropriate to make a community treatment order
- (iii) the conditions made above under section 17B(2) are necessary or appropriate for one or more of the purposes specified.

Signed [signature], an Approved Mental Health Professional

Date [date]

PART 3

(To be completed by the Responsible Clinician, after Parts 1 and 2 have been completed)

I exercise my power under section 17A of the Mental Health Act 1983 to make a community treatment order in respect of the above-named patient.

This community treatment order is to be effective from [date] at [time]

Signed [signature], Responsible Clinician

Date [date]

Form CP 2Mental Health Act 1983 section 17B – variation of conditions of a community treatment order

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

Regulation 16(2)

I [full name and address] am the responsible clinician for [full name and address of the community patient].

I am varying the conditions applying to the community treatment order for the above named patient.

Delete (a) or (b) as applicable, and where (a) applies insert the conditions

- (a) The conditions made under section 17B(2), as varied, are [list the conditions as varied in full (including any which are not being varied)]

I confirm that I consider the above conditions to be necessary or appropriate for one or more of the following purposes:

- to ensure that the patient receives medical treatment;
- to prevent risk of harm to the patient's health or safety;
- to protect other persons.

- (b) The conditions are only those set out in section 17B(3) of the Mental Health Act 1983.

The variation is to take effect from [date]

Signed [signature], Responsible Clinician

Date [date]

Form CP 3Mental Health Act 1983 section 20A – report extending the community treatment period

PART 1

(To be completed by the Responsible Clinician)

To the managers of [name and address of the responsible hospital].

I am [full name and address] the responsible clinician for [full name and address of patient].

The patient is currently subject to a community treatment order made on [enter date].

I examined the patient on [enter date].

In my opinion

- (a) this patient is suffering from mental disorder of a nature or degree which makes it appropriate for the patient to receive medical treatment
- (b) it is necessary for
 - (i) the patient's health
 - (ii) the patient's safety
 - (iii) the protection of other persons

<Delete any phrase which is not applicable>

that the patient should receive such treatment

- (c) such treatment can be provided without the patient continuing to be detained in a hospital provided the patient is liable to being recalled to hospital for medical treatment
- (d) it is necessary that the responsible clinician should continue to be able to exercise the power under section 17E(1) to recall the patient to hospital
- (e) taking into account the nature and degree of the mental disorder from which the patient is suffering and all other circumstances of the case, appropriate medical treatment is available to the patient

My opinion is founded on the following grounds [give grounds for opinion]

I confirm that in determining whether the criterion at (d) above is met, I have considered what risk there would be of deterioration of the patient's condition if he or she were not detained in hospital, with regard to the patient's history of mental disorder and any other relevant factors.

Signed [signature], Responsible Clinician

Date [date]

PART 2

(To be completed by an approved mental health professional)

I [full name and address] am acting on behalf of [name of local social services authority] and am approved to act as an approved mental health professional for the purposes of the Act by that authority/[name of LSSA that approved you]. <Delete as appropriate>

I agree that:

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

- (i) the above patient meets the criteria for the extension of the community treatment period
- AND
- (ii) it is appropriate to extend the community treatment period.

Signed [signature], an Approved Mental Health Professional

Date [date]

PART 3

(To be completed by the Responsible Clinician)

Before furnishing this report, I consulted [full name and profession of person consulted] who has been professionally concerned with the patient's treatment.

I am furnishing this report by: <delete the phrase which does not apply>

today consigning it to the hospital managers' internal mail system

sending or delivering it without using the hospital managers' internal mail system

Signed [signature], the Responsible Clinician

Date [date]

PART 4

(To be completed on behalf of the hospital managers of the responsible hospital)

This report was

furnished to the hospital managers through their internal mail system

received by me on behalf of the hospital managers on [date]

Signed [signature], on behalf of the hospital managers

Name [full name]

Date [date]

Form CP 4Mental Health Act 1983 section 21B—authority for community treatment after absence without leave for more than 28 days

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

PART 1

(To be completed by the responsible clinician)

To the managers of [name and address of responsible hospital]

I am [full name and address] the responsible clinician for [full name and address of patient].

I examined the patient on [date of examination] who:

- (a) was recalled to hospital on [date] under section 17E of the Mental Health Act 1983
- (b) was absent without leave from hospital beginning on [date absence without leave began]
- (c) was/is ~~as appropriate~~ subject to a community treatment order for a period ending on [date community treatment order would have expired, apart from any extension under section 21, or date on which it will expire] and
- (d) returned to the hospital on [date].

I have consulted [full name] who is an approved mental health professional.

I have also consulted [full name and profession of person consulted] who has been professionally concerned with the patient's treatment.

In my opinion:

- (a) this patient is suffering from mental disorder of a nature or degree which makes it appropriate for the patient to receive medical treatment
- (b) it is necessary for
 - (i) the patient's health
 - (ii) the patient's safety
 - (iii) the protection of other persons

~~any phrase which is not applicable~~

that the patient should receive such treatment

- (c) such treatment can be provided without the patient continuing to be detained in a hospital provided the patient is liable to being recalled to hospital for medical treatment
- (d) it is necessary that the responsible clinician should continue to be able to exercise the power under section 17E(1) to recall the patient to hospital
- (e) taking into account the nature and degree of the mental disorder from which the patient is suffering and all other circumstances of the case, appropriate medical treatment is available to the patient.

My opinion is founded on the following grounds [insert grounds]

I confirm that in determining whether the criterion at (d) above is met, I have considered what risk there would be of deterioration of the patient's condition if the patient were not detained in hospital, with regard to the patient's history of mental disorder and any other relevant factors.

The community treatment order is/is not* due to expire within a period of two months beginning with the date on which this report is to be furnished to the managers of the responsible hospital. ~~delete the phrase which does not apply.~~

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

Complete the following only if the community treatment order is due to expire within that period of two months
This report shall/shall not* have effect as a report duly furnished under section 20A(4) for the extension of the community treatment period for this patient. <*Delete as applicable>

Complete the following in all cases

I am furnishing this report by: <delete the phrase which does not apply>

today consigning it to the hospital managers' internal mail system

sending or delivering it without using the hospital managers' internal mail system

Signed [signature], Responsible Clinician

Date [date]

PART 2

(To be completed on behalf of the hospital managers of the responsible hospital)

This report was

furnished to the hospital managers through their internal mail system

received by me on behalf of the hospital managers on [date]

Signed [signature], on behalf of the hospital managers

Name [full name]

Date [date]

Form CP 5Mental Health Act 1983 section 17E – Notice of recall to hospital

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

Regulation 19(1)(a)

I notify you, [name of community patient], that you are recalled to [name and address of the hospital] under section 17E of the Mental Health Act 1983.

Complete either part 1 or 2 below and delete the one which does not apply.

PART 1

In my opinion

(a) you require treatment in hospital for mental disorder

AND

there would be a risk of harm to your health or safety or to other persons if you were not recalled to hospital for that purpose.

This opinion is founded on the following grounds [insert grounds]

PART 2

You have failed to comply with the condition imposed under section 17B of the Mental Health Act 1983 that you make yourself available for examination for the purpose of:-

(a) consideration of extension of the community treatment period under section 20A

(b) enabling a Part 4A certificate to be given.

<Delete (a) or (b) as applicable>

Signed [signature], the Responsible Clinician

Name [name]

Date [date]

Time [time]

This notice is sufficient authority for the managers of the named hospital to detain the patient there in accordance with the provisions of section 17E of the Mental Health Act 1983

Form CP 6Mental Health Act 1983 section 17E – Record of patient's detention in hospital following recall

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

Regulation 19(1)(d) and (2)

[Full name and address of patient] ('the patient') is currently a community patient.

PART 1

In pursuance of a notice recalling the patient to hospital under section 17E of the Act, the patient was detained in [name and address of hospital] on [date] at [time].

Signed [signature], on behalf of the hospital managers

Name [name]

Date [date]

PART 2

The patient was released from hospital by the responsible clinician at [time] on [date].

Signed [signature], on behalf of the hospital managers

Name [name]

Date [date]

Form CP 7Mental Health Act 1983 section 17F – revocation of a community treatment order

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

PART 1

(To be completed by the Responsible Clinician)

I [full name and address] am the responsible clinician for [full name and address of community patient] who is detained in [name and address of hospital] having been recalled to hospital under section 17E(1) of the Act.

In my opinion

- (a) this patient is suffering from mental disorder of a nature or degree which makes it appropriate for the patient to receive medical treatment in a hospital.

AND

- (b) it is necessary

- (i) for the patient's own health
(ii) for the patient's own safety
(iii) for the protection of other persons

<Delete the indents not applicable>

that this patient should receive treatment in hospital

AND

- (c) such treatment cannot be provided unless the patient is detained for medical treatment under the Act

because [your reasons should cover (a), (b) and (c) above. As part of them describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; say whether other methods of care or treatment (e.g. out-patient treatment or social services) are available and, if so, why they are not appropriate; indicate why informal admission is not appropriate.]

I am also of the opinion that, taking into account the nature and degree of the mental disorder from which the patient is suffering and all the other circumstances of the case, appropriate medical treatment is available for the patient at the hospital named above.

Signed [signature], Responsible Clinician

Date [date]

PART 2

(To be completed by an Approved Mental Health Professional)

I [full name and address] am acting on behalf of [name of local social services authority] and am approved to act as an approved mental health professional for the purposes of the Act by that authority/[name of LSSA that approved you]. <Delete as appropriate>

I agree that:

- (i) the above patient meets the criteria for detention in hospital set out above

AND

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

(ii) it is appropriate to revoke the community treatment order.

Signed [signature], an Approved Mental Health Professional
Date [date]
Time [time]

PART 3

(To be completed by the Responsible Clinician)

I exercise my power under section 17F(4) to revoke the community treatment order in respect of the patient named in Part 1 who has been detained in hospital since [time] on [date] having been recalled under section 17E(1).

Signed [signature], Responsible Clinician
Date [date]

PART 4

(To be completed on behalf of the hospital managers)

The community treatment order in respect of the above named patient was revoked at [time] on [date] and the patient is now detained in [name of hospital].

Signed [signature], on behalf of the hospital managers
Name [name]
Date [date]

Form CP 8Mental Health Act 1983 section 23 – discharge by the responsible clinician or the hospital managers

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

Regulation 21

I/We* order the discharge of [full name of patient and their address] from liability to recall under Part 2 of the Act and the application for admission for treatment shall cease to have effect on [date] at [time].

<*delete as appropriate>

Signed [signature]

Name [name], the Responsible Clinician

Date [date]

OR

Signed [signature] Name [name], a Hospital Manager

Signed [signature] Name [name], a Hospital Manager

Signed [signature] Name [name], a Hospital Manager

Date [date]

Form TC 1Mental Health Act 1983 section 19 – authority for transfer from one hospital to another under different managers

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

Regulation 23(2) and (3)

PART 1

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

Authority is given for the transfer of [full 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] to which the patient is to be transferred in accordance with the Mental Health (Hospital, Guardianship, Community Treatment and Consent to Treatment) (Wales) Regulations 2008 within 28 days beginning with the date of this authority.

Signed [signature], on behalf of managers of first named hospital

Name [name]

Date [date]

PART 2

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 and admitted to that hospital on [date of admission to receiving hospital].

Signed [signature], on behalf of managers of the receiving hospital

Name [name]

Date [date]

Form TC 2Mental Health Act 1983 section 19 – authority for transfer from hospital to guardianship

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

Regulation 23(4) and (5)

PART 1

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

Authority is given for the transfer of [full name of patient] who is at present liable to be detained in [name and address of hospital] to the guardianship of [name and address of proposed guardian] in accordance with the Mental Health (Hospital, Guardianship, Community Treatment and Consent to Treatment) (Wales) Regulations 2008.

This transfer was agreed by [name of local social services authority] on [date]

This transfer is to take place on [date].

Signed [signature], on behalf of the hospital managers

Name [name]

Date [date]

PART 2

(To be completed by the proposed guardian, if not the responsible local social services authority)

I am willing to act as the guardian of the above named in accordance with Part 2 of the Mental Health Act 1983.

I confirm that my full name and address is as entered in Part 1 of this form.

Signed [signature]

Date [date]

PART 3

(This is not part of the authority for transfer but is to be completed by the responsible local social services authority)

This patient was transferred into the guardianship of [name of guardian or local social services authority] on [date] in pursuance of this authority for transfer.

Signed [signature], on behalf of the local social services authority

Name [name]

Date [date]

Form TC 3Mental Health Act 1983 section 19 –Authority for transfer of a patient from the guardianship of one guardian to another

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

Regulation 24(2) and (3)

PART 1

(To be completed by the present guardian)

Authority is given for the transfer of [name and address of patient] from the guardianship of [name and address of the present guardian] to the guardianship of [name and address of the proposed guardian] in accordance with the Mental Health (Hospital, Guardianship, Community Treatment and Consent to Treatment) (Wales) Regulations 2008.

This transfer was agreed by the [name of local social services authority] on [date].

The transfer is to take place on [date].

Signed [signature], the guardian/on behalf of the local social services authority which is the guardian <delete whichever does not apply>

Name [name]

Date [date]

PART 2

(To be completed by the proposed guardian, if not the responsible local social services authority)

I am willing to act as the guardian of the above named in accordance with Part 2 of the Mental Health Act 1983. I confirm that my full name and address is as entered in Part 1 of this form.

Signed [signature]

Date [date]

PART 3

(This is not part of the authority for transfer but is to be completed by the responsible local social services authority)

This patient was transferred into the guardianship of [name of guardian or local social services authority] on [date] in pursuance of this authority for transfer.

Signed [signature], on behalf of the local social services authority

Name [name]

Date [date]

Form TC 4Mental Health Act 1983 section 19—authority for transfer from guardianship to hospital

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

Regulation 24(4) and (5)

PART 1

(To be completed on behalf of the local social services authority)

Authority is given for the transfer of [full name and address of patient] who is at present under the guardianship of [name and address of guardian] to [name and address of hospital] in accordance with the Mental Health (Hospital, Guardianship, Community Treatment and Consent to Treatment) (Wales) Regulations 2008.

Signed [signature], on behalf of local social services authority

Name [name]

Date [date]

PART 2

(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 admitted to the above named hospital in pursuance of this authority for transfer on [date of admission].

Signed [signature], on behalf of the managers of the receiving hospital

Name [name]

Date [date]

Form TC 5Mental Health Act 1983 section 19A – authority for assignment of responsibility for a community patient from one hospital to another under different managers

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

Regulation 25(2)

PART 1

(To be completed on behalf of the responsible hospital)

Authority is given for the assignment of responsibility for [full name of patient] from [name and address of responsible hospital] to [name and address of hospital to which responsibility is to be assigned] in accordance with the Mental Health (Hospital, Guardianship, Community Treatment and Consent to Treatment) (Wales) Regulations 2008.

Signed [signature], on behalf of managers of first named hospital

Name [name]

Date [date]

PART 2

(This is not part of the authority for assignment but is to be completed at the hospital which will become the responsible hospital if the assignment takes place)

The responsibility for the above named patient was assigned to the managers of [name of hospital] on [date].

Signed [signature], on behalf of managers of the hospital accepting responsibility

Name [name]

Date [date]

Form TC 6Mental Health Act 1983 section 17F(2) – authority for transfer of recalled community patient to a hospital under different managers

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

Regulation 26(3) and (4)

PART 1

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

Authority is given for the transfer of [full name of patient] from [name and address of hospital in which the patient is detained] to [name and address of hospital to which patient is to be transferred] in accordance with the Mental Health (Hospital, Guardianship, Community Treatment and Consent to Treatment) (Wales) Regulations 2008.

The responsible hospital for the patient is [name and address of responsible hospital].

Signed [signature], on behalf of managers of the hospital in which the patient is currently detained

Name [name]

Date [date]

PART 2

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 admitted to [name of hospital] in pursuance of this authority for transfer on [date of admission] at [time].

Signed [signature], on behalf of managers of receiving hospital

Name [name]

Date [date]

Form TC 7Mental Health Act 1983 Part 6–Date of reception of a patient to hospital or into guardianship in Wales

Regulation 29(2)(a) and (3)(a)

Mental Health Act 1983 Part 6–Date of reception of a patient to hospital or into guardianship in Wales

[Full name of patient]

* was admitted to [name and address of hospital] on [date]

* was received into the guardianship of [name and address of guardian] on [date].

<*Complete as appropriate and delete the other>

Signed [signature], on behalf of the hospital managers/on behalf of the local social services authority/ the private guardian <delete the phrases which do not apply>

Name [name]

Date [date]

Form TC 8Mental Health Act 1983 Part 6–transfer of patient subject to compulsion in the community

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

Regulation 29(5)

PART 1

(To be completed by the Responsible Clinician)

I [name and address] am the responsible clinician for [full name and address of patient] who is treated as if subject to a community treatment order having been transferred to Wales.

The conditions to which the patient is to be subject by virtue of the community treatment order are that:

3. the patient is to make himself or herself available for examination under section 20A, as requested

4. if it is proposed to give a certificate under Part 4A of the Act the patient's case, the patient is to make himself or herself available for examination to enable the certificate to be given, as requested.

The patient is also to be subject to the following conditions (if any) under section 17B(2) of the Act:

[set out conditions]

I confirm that I consider the above conditions to be made under section 17B(2) of the Act are necessary or appropriate for one or more of the following purposes

- to ensure that the patient receives medical treatment
- to prevent risk of harm to the patient's health or safety
- to protect other persons

Signed [signature] the Responsible Clinician

Date [date]

PART 2

(To be completed by an approved mental health professional)

I [full name and address] am acting on behalf of [name of local social services authority] and am approved to act as an approved mental health professional for the purposes of the Act by that authority/[name of local social services authority that approved you if different]. <Delete as appropriate>

I agree that the conditions made above under section 17B(2) are necessary or appropriate for one or more of the purposes specified.

Signed [signature], an Approved Mental Health Professional

Date [date]

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

PART 3

(To be completed on behalf of the hospital managers of the responsible hospital)

The above named patient arrived at the place where he or she is to reside in Wales on [date], and as a consequence is treated as if a community treatment order has been made.

Signed [signature] on behalf of managers of the responsible hospital

Name [name]

Date [date]

Form NR 1Mental Health Act 1983 Section 25—report barring discharge by nearest relative

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

Regulation 34

PART 1

(To be completed by the responsible clinician)

To the managers of [name and address of hospital]

[Name of nearest relative] gave notice at [time] on [date] of an intention to discharge [name of patient].

I am of the opinion that the patient, if discharged, would be likely to act in a manner dangerous to other persons or to himself or herself.

The reasons for my opinion are [insert reasons]

I am furnishing this report by

consigning it to the hospital managers' internal mail system today at [time]

sending or delivering it without using the hospital managers' internal mail system

Signed [signature], Responsible Clinician

Name [name]

Date [date]

Time [time]

PART 2

(To be completed on behalf of the hospital managers)

This report was

furnished to the hospital managers through their internal mail system

received by me on behalf of the hospital managers at [time] on [date].

Signed [signature], on behalf of the hospital managers

Name [name]

Date [date]

Form CO 1Mental Health Act 1983 section 57—certificate of consent to treatment and second opinion

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

Regulation 40(1)

(Both parts of this certificate must be completed)

PART 1

I [full name and address], a registered medical practitioner appointed for the purposes of Part 4 of the Act (a Second Opinion Appointed Doctor), and we [full name, address and profession][full name, address and profession], being two persons appointed for the purposes of section 57(2)(a) of the Act, certify that [full name and address of patient]

(a) is capable of understanding the nature, purpose and likely effects of [give description of treatment or plan of treatment; indicate clearly if the certificate is to apply to any or all of the treatment for a specified period]

AND

(b) has consented to that treatment.

Signed [signature]

Date [date]

Signed [signature]

Date [date]

Signed [signature]

Date [date]

PART 2

(To be completed by the second opinion appointed doctor only)

I, the above named registered medical practitioner appointed for the purposes of Part 4 of the Act, have consulted [full name of nurse], a nurse and [full name and profession] who have been professionally concerned with the medical treatment of the patient named above and certify that it is appropriate for the treatment to be given.

My reasons are below/I will provide a statement of my reasons separately <delete as appropriate>

[State reason; when giving reasons please indicate if, in your opinion, disclosure of the reasons to the patient would be likely to cause serious harm to the physical or mental health of the patient or to that of any other person]

Signed [signature]

Date [date]

Form CO 2Mental Health Act 1983 section 58(3)(a)–certificate of consent to treatment

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

Regulation 40(2)

I [full name and address] the approved clinician in charge of the treatment described below/a registered medical practitioner appointed for the purposes of Part 4 of the Act (a Second Opinion Appointed Doctor) ~~the phrase which does not apply~~certify that [full name and address of patient]

- (a) is capable of understanding the nature, purpose and likely effects of [give description of treatment or plan of treatment; indicate clearly if the certificate is to apply to any or all of the treatment for a specified period]

AND

- (b) has consented to that treatment.

Signed [signature]

Date [date]

Form CO 3Mental Health Act 1983 section 58(3)(b)–certificate of second opinion

Regulation 40(2)

I [name and address], a registered medical practitioner appointed for the purposes of Part 4 of the Act (a Second Opinion Appointed Doctor), have consulted [full name of nurse], a nurse and [full name and profession] who have been professionally concerned with the medical treatment of [full name and address of patient].

I certify that the patient

~~the phrase which does not apply~~

- (a) is not capable of understanding the nature, purpose and likely effects of

OR

- (b) has not consented to

the following treatment [give description of treatment or plan of treatment; indicate clearly if the certificate is to apply to any or all of the treatment for a specified period] but that it is appropriate for the treatment to be given.

My reasons are as below/I will provide a statement of my reasons separately ~~as appropriate~~ [Set out reasons; when giving reasons please indicate if, in your opinion disclosure of the reasons to the patient would be likely to cause serious harm to the physical or mental health of the patient or to that of any other person.]

Signed [signature]

Date [date]

Form CO 4Mental Health Act 1983 section 58A(3)(c) –certificate of consent to treatment (patients at least 18 years of age)

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

Regulation 40(3)

I [full name and address] the approved clinician in charge of the treatment described below/a registered medical practitioner appointed for the purposes of Part 4 of the Act (a Second Opinion Appointed Doctor) *<delete as applicable>* certify that [full name and address of patient] who has attained the age of 18 years

- (a) is capable of understanding the nature, purpose and likely effects of [give description of treatment or plan of treatment; indicate clearly if the certificate is to apply to any or all of the treatment for a specified period]

AND

- (b) has consented to that treatment.

Signed [signature]

Date [date]

Form CO 5Mental Health Act 1983 section 58A(4)(c)–certificate of consent to treatment and second opinion (patients under 18 years of age)

Regulation 40(3)

I [full name and address] a registered medical practitioner appointed for the purposes of Part 4 of the Act (a Second Opinion Appointed Doctor) certify that [full name and address of patient] who has not yet attained the age of 18 years

- (a) is capable of understanding the nature, purpose and likely effects of [give description of treatment or plan of treatment; indicate clearly if the certificate is to apply to any or all of the treatment for a specified period]

AND

- (b) has consented to that treatment

AND

- (c) it is appropriate for that treatment to be given

My reasons are as below/I will provide a statement of my reasons separately *<Delete as appropriate>* [Set out reasons; when giving reasons please indicate if, in your opinion disclosure of the reasons to the patient would be likely to cause serious harm to the physical or mental health of the patient or to that of any other person.]

Signed [signature]

Date [date]

Form CO 6Mental Health Act 1983 section 58A(5)–certificate of second opinion (patients who are not capable of understanding the nature, purpose and likely effects of the treatment)

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

Regulation 40(3)

I [full name and address], a registered medical practitioner appointed for the purposes of Part 4 of the Act (a Second Opinion Appointed Doctor), have consulted [full name of nurse], a nurse and [full name and profession] who have been professionally concerned with the medical treatment of [full name and address of patient].

I certify that the patient is not capable of understanding the nature, purpose and likely effects of [give description of treatment or plan of treatment; indicate clearly if the certificate is to apply to any or all of the treatment for a specified period] but that it is appropriate for the treatment to be given.

My reasons are as below/I will provide a statement of my reasons separately <Delete as appropriate> [Set out reasons; when giving reasons please indicate if, in your opinion] disclosure of the reasons to the patient would be likely to cause serious harm to the physical or mental health of the patient or that of any other person.]

I further certify that giving the treatment described above to the patient would not conflict with

- (i) any decision of an attorney appointed under a Lasting Power of Attorney or deputy (appointed by the Court of Protection) of the patient as provided for by the Mental Capacity Act 2005
- (ii) any decision of the Court of Protection
- (iii) any advance decision to refuse treatment that is valid and applicable under the Mental Capacity Act 2005.

Signed [signature]

Date [date]

Form CO 7Mental Health Act 1983 Part 4A – certificate of appropriateness of treatment to be given to a community patient (Part 4A Certificate)

Regulation 40(4)

I [full name and address] am a registered medical practitioner appointed for the purposes of Part 4 of the Act (a Second Opinion Appointed Doctor).

I have consulted [full name and profession] and [full name and profession] who have been professionally concerned with the medical treatment of [full name and address of patient] who is subject to a community treatment order.

I certify that it is appropriate for the following treatment to be given to this patient while the patient is not recalled to hospital, subject to any conditions specified below. The treatment is [description of treatment or plan of treatment]

I specify the following conditions (if any) to apply [description of conditions, if any, which may include time limits on the approval of any or all of the treatment]

I certify that it is appropriate for the following treatment (if any) to be given to this patient following any recall to hospital under section 17E of the Act, subject to any conditions specified below. The treatment is [description of treatment or plan of treatment]

I specify the following conditions (if any) to apply to the treatment following any recall to hospital under section 17E [description of conditions, if any, which may include time limits on the approval of any or all of the treatment]

My reasons are as below/I will provide a statement of my reasons separately <Delete as appropriate> [Set out reasons; when giving reasons please indicate if, in your opinion] disclosure of the reasons to the patient would be likely to cause serious harm to the physical or mental health of the patient or that of any other person.]

Signed [signature]

Date [date]

SCHEDULE 2

Regulation 43

REVOCATIONS

The Mental Health (Hospital, Guardianship and Consent to Treatment) Regulations 1983 (SI 1983/893)

The Mental Health (Hospital, Guardianship and Consent to Treatment) (Amendment) Regulations 1993 (SI 1993/2156)

The Mental Health (Hospital, Guardianship and Consent to Treatment) (Amendment) Regulations 1996 (SI 1996/540)

The Mental Health (Hospital, Guardianship and Consent to Treatment) (Amendment) Regulations 1997 (SI 1997/801)

The Mental Health (Hospital, Guardianship and Consent to Treatment) (Amendment) Regulations 1998 (SI 1998/2624)