

**Section 17E – community treatment order: notice of recall to hospital**

*(To be completed by the responsible clinician)*

I notify you,

*(PRINT name of community patient),*

that you are recalled to

*(PRINT full name and address of the hospital)*

under section 17E of the Mental Health Act 1983.

*Complete either (a) or (b) below and delete the one which does not apply.*

(a) In my opinion,

(i) you require treatment in hospital for mental disorder,

AND

(ii) 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 –

*(If you need to continue on a separate sheet please indicate here ( ) and attach that sheet to this form)*

*continue overleaf*

(b) 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:

*(delete as appropriate)*

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

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

Signed

Responsible clinician

PRINT NAME

Date

 

Time

**A COPY OF THIS NOTICE IS TO BE FORWARDED TO THE MANAGERS OF THE HOSPITAL TO WHICH THE PATIENT IS RECALLED AS SOON AS POSSIBLE AFTER IT IS SERVED ON THE PATIENT. IF THAT HOSPITAL IS NOT THE RESPONSIBLE HOSPITAL, YOU SHOULD INFORM THE HOSPITAL MANAGERS OF THE NAME AND ADDRESS OF THE RESPONSIBLE HOSPITAL.**

*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.*