

Section 4 – emergency application by an approved mental health professional for admission for assessment

THIS FORM IS TO BE USED ONLY FOR AN EMERGENCY APPLICATION

To the managers of *(name and address of hospital)*

I *(PRINT your full name and address)*

apply for the admission of

(PRINT full name and 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 *(delete as appropriate)*

that authority

(name of local social services authority that approved you, if different)

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 –

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

Signed

Date

/ /

Time

: