Form M2 Regulation 25(1)(a) and (b) Mental Health Act 1983
Section 25 – report barring discharge by nearest relative

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 (PRINT full 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 –

(If you need to continue on a separate sheet please indicate here ( ) and attach that sheet to this form) continue overleaf
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)
sending or delivering it without using the hospital managers’ internal mail system.

Signed

Responsible clinician

PRINT NAME

Date Time

/ / :

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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 at

:  (time)  on  / /  (date)

Signed

on behalf of the hospital managers

PRINT NAME  Date

/ /