

**Section 2 – joint medical recommendation for admission for assessment**

We, registered medical practitioners, recommend that  
(*PRINT full name and address of patient*)

[Redacted area for patient name and address]

be admitted to a hospital for assessment in accordance with Part 2 of the Mental Health Act 1983.

I (*PRINT full name, address and, if sending by means of electronic communication, email address of first practitioner*)

[Redacted area for first practitioner name and address]

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 (*PRINT full name, address and, if sending by means of electronic communication, email address of second practitioner*)

[Redacted area for second practitioner name and address]

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,

- (a) this patient 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

- (b) 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)

*continue overleaf*

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.)*

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

Signed

Date

/	/
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Signed

Date

/	/
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**NOTE: AT LEAST ONE OF THE PRACTITIONERS SIGNING THIS FORM MUST BE APPROVED UNDER SECTION 12 OF THE ACT.**