

Section 2 – medical recommendation for admission for assessment

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

[Redacted area for medical practitioner details]

a registered medical practitioner, recommend that

(PRINT full name and address of patient)

[Redacted area for patient details]

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

I last examined this patient on

[Redacted area for date]

(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,

- (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)

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 ought to be admitted to hospital and why informal admission is not appropriate.)

continue overleaf

(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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