

(To be attached to the application for admission)

PART 1

(Name and address of hospital)

(PRINT full name of patient)

Complete (a) if the patient is not already an in-patient in the hospital.

Complete (b) if the patient is already an in-patient.

Delete the one which does not apply.

(a) The above named patient was admitted to this hospital on

	/	/		(date of a	admission	to hospital)	)				
at		:		(time)							
	in pursuance of an application for admission under section (state section)										
	of the Mer	ital Health	n Act 1	1983.							
(b) An application for the admission of the above named patient (who had already bee admitted to this hospital) under section ( <i>state section</i> )								been			
	of the Mer	ital Health	n Act 1	1983 was	received t	by me on be	ehalf of the	e hos	pital man	agers on	
	/	/		(date)	at		:		(time)		
	and the pa that time.	itient was	accoi	rdingly tre	ated as a	dmitted for	the purpos	ses o	f the Act	from	
Signed											
on beha	alf of the ho	spital ma	inager	S							
PRINT	NAME							Date			
									/	/	
									contii	nue overleai	f

## PART 2

## (To be completed only if the patient was admitted in pursuance of an emergency application under section 4 of the Act)

On		/	/	(date)	at	:		(time)		
I received, on behalf of the hospital managers, the second medical recommendation in support of the application for the admission of the above named patient.										
Signed										
on behalf of the hospital managers										
PRI		ME						Date		
								1	/	

## NOTE: IF THE PATIENT IS BEING DETAINED AS A RESULT OF A TRANSFER FROM GUARDIANSHIP, THE PATIENT'S ADMISSION SHOULD BE RECORDED IN PART 2 OF THE FORM G8 WHICH AUTHORISED THE TRANSFER.