# Form M1 - Regulation 15(2), (4)(a) and 16(2) Mental Health Act 1983

## Part 6 — Date of reception of a patient in England

[PRINT full name of patient]

\*was admitted to [name and address of hospital]

at [time]

on [date]

\*was received into the guardianship of [name and address of guardian]

on [date]

\*became a community patient as if discharged from [name and address of responsible hospital],

on [date].

<\*Complete as appropriate and delete the others>

Signed

on behalf of the hospital managers/ on behalf of the local social services authority/ the private guardian

<Delete whichever do not apply>

PRINT NAME Date

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Mental Health

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