

**Form M1** *Regulation 15(2), (4)(a) and 16(2)*  
**Part 6 – date of reception of a patient in England**

**Mental Health Act 1983**

*(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