

Section 25 – report barring discharge by nearest relative

PART 1

(To be completed by the responsible clinician)

To the managers of *(name and address of hospital)*

(Name of nearest relative)

gave notice at

:

(time)

on

/ /

(date)

of an intention to discharge *(PRINT full name of patient)*

I am of the opinion that the patient, if discharged, would be likely to act in a manner dangerous to other persons or to himself or herself.

The reasons for my opinion are –

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

continue overleaf

I am furnishing this report by: *(Delete the phrase which does not apply)*

consigning it to the hospital managers' internal mail system today at

: (time)

today sending it to the hospital managers, or a person authorised by them to receive it, by means of electronic communication.

sending or delivering it without using the hospital managers' internal mail system.

Signed

Responsible clinician

PRINT NAME:

Email address (if applicable):

Date

/ /

Time

:

PART 2

(To be completed on behalf of the hospital managers)

This report was: *(Delete the phrase which does not apply)*

furnished to the hospital managers through their internal mail system.

furnished to the hospital managers, or a person authorised by them to receive it, by means of electronic communication.

received by me on behalf of the hospital managers at

: (time) on / / (date)

Signed

on behalf of the hospital managers

PRINT NAME

Date

/ /