

Section 3 – joint medical recommendation for admission for treatment

We, registered medical practitioners, recommend that
(*PRINT full name and address of patient*)

[Redacted area for patient name and address]

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

I (*PRINT full name and address of first practitioner*)

[Redacted area for first practitioner name and address]

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*)

I (*PRINT full name and address of second practitioner*)

[Redacted area for second practitioner name and address]

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 our opinion,

- (a) this patient is suffering from mental disorder of a nature or degree which makes it appropriate for the patient to receive medical treatment in a hospital,

AND

- (b) it is necessary
 - (i) for the patient's own health
 - (ii) for the patient's own safety
 - (iii) for the protection of other persons

(*delete the indents not applicable*)

that this patient should receive treatment in hospital,

AND

(c) such treatment cannot be provided unless the patient is detained under section 3 of the Act,

because – *(Your reasons should cover (a), (b) and (c) above. As part of them: describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; say whether other methods of treatment or care (eg out-patient treatment or social services) are available and, if so, why they are not appropriate; indicate why informal admission is not appropriate.)*

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

We are also of the opinion that, taking into account the nature and degree of the mental disorder from which the patient is suffering and all the other circumstances of the case, appropriate medical treatment is available to the patient at the following hospital (or one of the following hospitals):–

(Enter name of hospital(s). If appropriate treatment is available only in a particular part of the hospital, say which part.)

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Signed

Date

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/		/
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Signed

Date

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NOTE: AT LEAST ONE OF THE PRACTITIONERS SIGNING THIS FORM MUST BE APPROVED UNDER SECTION 12 OF THE ACT.