

PART 1

(To be completed by the responsible clinician)

To the managers of *(name and address of hospital in which the patient is liable to be detained)*

I examined *(PRINT full name of patient)*

on

/ / *(date of examination)*

The patient is liable to be detained for a period ending on

/ / *(date authority for detention is due to expire)*

I have consulted *(PRINT full name and profession of person consulted)*

who has been professionally concerned with the patient's treatment.

In my 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,

because— *(Your reasons should cover both (a) and (b) 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.)*

(If you need to continue on a separate sheet please indicate here () and attach that sheet to this form)
Such treatment cannot be provided unless the patient continues to be detained under the Act, for the following reasons –
(Reasons should 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)
I am 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.

Signed

PRINT NAME

Profession

Date

/ /

PART 2

(To be completed by a professional who has been professionally concerned with the patient's medical treatment and who is of a different profession from the responsible clinician)

I agree with the responsible clinician that: 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; it is necessary for the patient's own health or safety or for the protection of other persons that the patient should receive treatment and it cannot be provided unless the patient continues to be detained under the Act; and that, taking into account the nature and degree of the mental disorder from which the patient is suffering and all other circumstances of the case, appropriate medical treatment is available to the patient.

Signed

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PRINT NAME

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Profession

Date

	/ /
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PART 3

(To be completed by the responsible clinician)

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

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

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

Signed

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PRINT NAME

Date

	/ /
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PART 4

(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.

received by me on behalf of the hospital managers on

/ / (date)

Signed

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on behalf of the hospital managers

PRINT NAME

Date

	/ /
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