

Form CP 4

Regulation 18

Mental Health Act 1983 section 21B - authority for community treatment after absence without leave for more than 28 days

PART I

(To be completed by the Responsible Clinician)

(name and address
of responsible
hospital)

To the managers of

(full name and
address)

I am

(full name and
address of patient)

the responsible clinician for

(date of
examination)

I examined the patient on who:

(date)

(a) was recalled to hospital on under section 17E of the Mental Health Act 1983

(date absence
without leave began)

(b) was absent without leave from hospital beginning on

(delete as
appropriate)

(c) was/is subject to a community treatment order for a period ending on

(date community
treatment order
would have expired,
apart from any
extension under
section 21, or date
on which it will
expire)

and

(date)

(d) returned to the hospital on .

Please turn over

Form CP 4 (Cont'd)

I have consulted

(full name)

who is an approved mental health professional.

I have also consulted

*(full name and
profession of
person consulted)*

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

In my opinion:

*(delete any phrase
which is not
applicable)*

- (a) this patient is suffering from mental disorder of a nature or degree which makes it appropriate for the patient to receive medical treatment
- (b) it is necessary for
 - (i) the patient's health
 - (ii) the patient's safety
 - (iii) the protection of other personsthat the patient should receive such treatment
- (c) such treatment can be provided without the patient continuing to be detained in a hospital provided the patient is liable to being recalled to hospital for medical treatment
- (d) it is necessary that the responsible clinician should continue to be able to exercise the power under section 17E(1) to recall the patient to hospital
- (e) 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.

My opinion is founded on the following grounds:

(insert grounds)

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I confirm that in determining whether the criterion at (d) above is met, I have considered what risk there would be of deterioration of the patient's condition if the patient were not detained in hospital, with regard to the patient's history of mental disorder and any other relevant factors.

(*delete the phrase which does not apply)

The community treatment order is/is not* due to expire within a period of two months beginning with the date on which this report is to be furnished to the managers of the responsible hospital.

Complete the following only if the community treatment order is due to expire within that period of two months

(*delete as applicable)

This report shall/shall not* have effect as a report duly furnished under section 20A(4) for the extension of the community treatment period for this patient.

Complete the following in all cases

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: the Responsible Clinician

Date:

PART 2

(To be completed on behalf of the hospital managers of the responsible hospital)

This report was

furnished to the hospital managers through their internal mail system

(date)

received by me on behalf of the hospital managers on

Signed: on behalf of the hospital managers

Name:

Date: