

# Form GU 3

## Regulation 9(1)(c)(i)

### Mental Health Act 1983 section 7- joint medical recommendation for reception into guardianship

We, both being registered medical practitioners, recommend that

(full name and address of patient)

  
  

be received into guardianship in accordance with Part 2 of the Mental Health Act 1983.

(full name and address of first practitioner)

I

  

(date)

last examined this patient on  and

(\* delete as appropriate)

\* 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.

(full name and address of second practitioner)

I

  

(date)

last examined this patient on  and

(\* delete as appropriate)

\* 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.

Please turn over

**Form GU 3 (Cont'd)**

In our opinion

- (a) this patient is suffering from mental disorder of a nature or degree which warrants reception into guardianship under the Act.

AND

- (b) it is necessary
  - (i) in the interests of the welfare of the patient
  - (ii) for the protection of other persons

*(delete (i) or (ii)  
unless both apply)*

that the patient should be so received.

Our reasons for these opinions are

*(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; explain why the patient cannot appropriately be cared for without powers of guardianship.)*

**Signed:** .....

**Date:** .....

**Signed:** .....

**Date:** .....