

Form GU 6

Regulation 12

Mental Health Act 1983 section 20 - renewal of authority for guardianship

PART I

To be completed by the responsible clinician or nominated medical attendant

(name of guardian)

To

(name of responsible local social services authority if it is not the guardian)

(full name of patient)

I examined

(date)

on

(date authority for guardianship is due to expire)

The patient is subject to guardianship for a period ending on

In my opinion

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

Please turn over

Form GU 6 (Cont'd)

My reasons for this opinion 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)

(delete whichever does not apply)

Signed:
Responsible Clinician/Nominated Medical Attendant

Name

Date:

PART 2

(To be completed on behalf of the responsible local social services authority)

This report was received by me on behalf of the local social services authority

(date)

on

Signed:
on behalf of the local social services authority

Name:

Date: