

Form HO 10

Regulation 4(1)(e)(ii)

Mental Health Act 1983 section 4 - emergency application by an approved mental health professional for admission for assessment

THIS FORM IS TO BE USED ONLY FOR AN EMERGENCY APPLICATION

To the managers of

(name and address
of hospital)

(full name)

I

(full address)

of

apply for the admission of

(full name of patient)

(full address of patient)

of

for assessment in accordance with Part 2 of the Mental Health Act 1983.

I am acting on behalf of

(name of local social
services authority)

and am approved to act as an approved mental health professional for the purposes

(delete as
appropriate)
(name of local social
services authority
that approved you,
if different)

of the Act by that authority/

Please turn over

Form HO 10 (Cont'd)

(date and time)

I last saw the patient on at
which was within the last 24 hours.

I have interviewed the patient and I am satisfied that detention in a hospital is in all the circumstances of the case the most appropriate way of providing the care and medical treatment of which the patient stands in need.

In my opinion it is of urgent necessity for the patient to be admitted and detained under section 2 of the Act and compliance with the provisions of Part 2 of the Act relating to applications under that section would involve undesirable delay.

This application is founded on a medical recommendation in the prescribed form.

If the medical practitioner did not have previous acquaintance with the patient before making the recommendation, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance with the patient.

(insert reasons)

Signed:

Date: **Time:**