

Form HO 15

Regulation 5

Mental Health Act 1983 section 20 – renewal of authority for detention

PART I

(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

(full name of patient)
(date of examination)

 on

(date authority for detention is due to expire)

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

I have consulted

(full name)

(state profession)

a

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

Please turn over

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(b) it is necessary

*(delete the indents
not applicable)*

- (i) for the patient's own health**
- (ii) for the patient's own safety**
- (iii) for the protection of other persons,**

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
(e.g. out-patient
treatment or
social services) are
available and, if so,
why they are not
appropriate)*

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)*

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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:

Name:

Profession:

Date:

PART 2

(To be completed by a professional who has been professionally concerned with patient's medical treatment and who is of a different profession from the Responsible Clinician. This Part to be completed following consultation with 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 such 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 for the patient.

Signed:

Name:

Profession:

Date:

PART 3

(To be completed by the Responsible Clinician following the completion of Part 2)

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:

Date:

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

(date)

on

Signed:on behalf of the hospital managers

Name:

Date: