

# 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**

**Form HO 15 (Cont'd)**

**(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:** .....