

# Form HO 5

## Regulation 4(1)(c)(i)

### Mental Health Act 1983 section 3 - application by nearest relative for admission for treatment

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

Delete either (a) or (b) and complete as applicable

- (a) To the best of my knowledge and belief I am the patient's nearest relative within the meaning of the Act. I am the patient's

(state relationship)

(delete the phrase  
that does not apply)

- (b) I have been authorised to exercise the functions under the Act of the patient's nearest relative by a county court/the patient's nearest relative, and a copy of the authority is attached to this application.

(date)

I last saw the patient on  which was within the period of 14 days ending on the day this application is signed.

Please turn over

**Form HO 5 (Cont'd)**

This application is founded on two medical recommendations in the prescribed form.

If neither of the medical practitioners had previous acquaintance with the patient before making their recommendations, 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:** .....