

Form HO 6

Regulation 4(1)(c)(ii)

Mental Health Act 1983 section 3 - application by an approved mental health professional 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.

I am acting on behalf of

(name of local social services authority)

(delete as appropriate)

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

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

of the Act by that authority/

The following section should be completed where consultation with the nearest relative has taken place

Complete (a) or (b) delete the other

(a) I have consulted

(full name and address)

Please turn over

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who to the best of my knowledge and belief is the patient's nearest relative within the meaning of the Act.

OR

(b) I have consulted

(full name and address)

(* delete the phrase that does not apply)

who I understand has been authorised by a county court/the patient's nearest relative* to exercise the functions under the Act of the patient's nearest relative.

That person has not notified me or the local social services authority on whose behalf I am acting that he or she objects to this application being made.

The following section should be completed where no consultation with the nearest relative has taken place

Delete whichever two of (a), (b) or (c) do not apply

(a) I have been unable to ascertain who is this patient's nearest relative within the meaning of the Act.

OR

(b) To the best of my knowledge and belief this patient has no nearest relative within the meaning of the Act.

OR

(c) I understand that

(full name and address)

is

(delete either (i) or (ii))

(i) this patient's nearest relative within the meaning of the Act

(ii) authorised to exercise the functions of this patient's nearest relative under the Act

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(* delete as appropriate)

but in my opinion it is not reasonably practicable/would involve unreasonable delay* to consult that person before making this application, because

(insert reasons)

The remainder of the form must be completed in all cases

(date)

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

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.

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: