

Form HO 7

Regulation 4(1)(d)(i)

Mental Health Act 1983 section 3 - joint medical recommendation for admission for treatment

We, both being registered medical practitioners, recommend that

(full name and address of patient)

be admitted to a hospital for treatment in accordance with Part 2 of the Mental Health Act 1983.

(full name and address of first practitioner)

I

(date)

last examined this patient on

(* delete as appropriate)

* I had previous acquaintance with the patient before I conducted that examination.

* I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

(full name and address of second practitioner)

I

(date)

last examined this patient on

(* delete as appropriate)

* I had previous acquaintance with the patient before I conducted that examination.

* I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

Please turn over

Form HO 7 (Cont'd)

In our 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 hospital

AND

- (b) it is necessary
 - (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

AND

- (c) such treatment cannot be provided unless the patient is detained under section 3 of the Act

because

(* delete the indents
not applicable)

(your reasons should cover (a), (b) and (c) 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 care or treatment (e.g. out-patient treatment or social services) are available and, if so, why they are not appropriate; indicate why informal admission is not appropriate)

Form HO 7 (Cont'd)

We are 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 for the patient at the following hospital (or one of the following hospitals):

(Enter name of hospital(s). If appropriate treatment is available in a particular part of the hospital, say which part)

Signed:

Date:

Signed:

Date: