

Form HO 9

Regulation 4(1)(e)(i)

Mental Health Act 1983 section 4 - emergency application by nearest relative for admission for assessment

THIS FORM IS TO BE USED ONLY FOR AN EMERGENCY APPLICATION

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 assessment 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.

Please turn over

Form HO 9 (Cont'd)

(date)

I last saw the patient on which was within the last 24 hours.

In my opinion it is of urgent necessity for the patient to be admitted and detained under section 2 of the Act and compliance with the provisions of Part 2 of the Act relating to applications under that section would involve undesirable delay.

This application is founded on a medical recommendation in the prescribed form.

If the medical practitioner did not have previous acquaintance with the patient before making the recommendation, 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: **Time:**