

Form NR I

Regulation 34

Mental Health Act 1983 Section 25 - report barring discharge by nearest relative

PART I

(To be completed by the responsible clinician)

To the managers of

*(name and address
of hospital)*

*(name of nearest
relative)*

--

(time and date)

gave notice at

--

on

--

of an intention to

(name of patient)

discharge

--

I am of the opinion that the patient, if discharged, would be likely to act in a manner dangerous to other persons or to himself or herself.

The reasons for my opinion are

(insert reasons)

--

Please turn over

Form NR I (Cont'd)

I am furnishing this report by

(time)

consigning it to the hospital managers' internal mail system today

at

sending or delivering it without using the hospital managers' internal mail system

Signed: Responsible Clinician

Name:

Date: **Time:**

PART 2

(To be completed on behalf of the hospital managers)

This report was

furnished to the hospital managers through their internal mail system

(time and date)

received by me on behalf of the hospital managers at

on

Signed:on behalf of the hospital managers

Name:

Date: