Form TC 7

Regulation 29(2)(a) and (3)(a)

Mental Health Act 1983 Part 6 - Date of reception of a patient to hospital or into guardianship in Wales

(full name of patient)		
(name and address	* was admitted to	
of hospital)		
(date)	on	
(name and address of guardian)	* was rece	eived into the guardianship of
(date)	on	
	*Complete	as appropriate and delete the other
(delete the phrases which do not apply)	Signed:	on behalf of the hospital managers/on behalf of the local social services authority/ the private guardian
	Name:	
	Date:	