

# Joint medical recommendation for admission for assessment

Mental Health Act 1983  
Section 2

**THIS FORM MUST ONLY BE COMPLETED IF BOTH DOCTORS ARE PRESENT**

(full names and addresses of both medical practitioners)

We

(name and address of patient)

registered medical practitioners, recommend that

be admitted to a hospital for assessment in accordance with Part II of the Mental Health Act 1983

(name of first practitioner)

I

(date)

last examined this patient on

\*Delete if not applicable

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

\*I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

(name of second practitioner)

I

(date)

last examined this patient on

\*Delete if not applicable

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

\*I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

We are of the opinion

(a) that this patient is suffering from a mental disorder of a nature or degree which warrants the detention of the patient in a hospital for assessment

AND

Delete the  
indents not  
applicable

(b) that this patient ought to be so detained

(i) in the interests of the patient's own health

(ii) in the interests of the patient's own safety

(iii) with a view to the protection of other persons

AND

(c) that informal admission is not appropriate in the circumstances of this case for the following reasons:-

(The full reasons why informal admission is not appropriate must be given)

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Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

# Medical recommendation for admission for assessment

Mental Health Act 1983  
Section 2

(full name and address of medical practitioner)

I

(full name and address of patient)

a registered medical practitioner, recommend that

be admitted to a hospital for assessment in accordance with Part II of the Mental Health Act 1983

I last examined this patient on

(date)

\*Delete if not applicable

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

\*I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

I am of the opinion

(a) that this patient is suffering from a mental disorder of a nature or degree which warrants the detention of the patient in a hospital for assessment

AND

Delete the indents not applicable

(b) that this patient ought to be so detained

- (i) in the interests of the patient's own health
- (ii) in the interests of the patient's own safety
- (iii) with a view to the protection of other persons

AND

(c) that informal admission is not appropriate in the circumstances of this case for the following reasons:-

(The full reasons why informal admission is not appropriate must be given)

Signed \_\_\_\_\_ Date \_\_\_\_\_

# Medical recommendation for emergency admission for assessment

Mental Health Act 1983  
Section 4

**THIS FORM IS ONLY TO BE USED FOR AN EMERGENCY APPLICATION**

(full name and address of medical practitioner) I

(full name and address of patient) a registered medical practitioner, recommend that

be admitted to a hospital for assessment in accordance with Part II of the Mental Health Act 1983

(date) I last examined this patient on

(time) at

\*Delete if not applicable

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

\*I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

I am of the opinion

(a) that this patient is suffering from a mental disorder of a nature or degree which warrants the patient's detention in a hospital for assessment for at least a limited period

AND

Delete the indents not applicable

(b) that this patient ought to be so detained

- (i) in the interests of the patient's own health
- (ii) in the interests of the patient's own safety
- (iii) with a view to the protection of other persons

AND

(c) that informal admission is not appropriate in the circumstances of this case.

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

In my opinion an emergency exists, because I estimate that compliance with those provisions would cause about  hours' delay, and I consider such a delay might result in harm as follows

(state reasons)

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to

- \*(a) the patient
- \*(b) those now caring for him
- \*(c) other persons.

I understand that the managers of the hospital to which the patient is admitted may ask me for further information relevant to this recommendation.

I was first made aware that his condition was causing anxiety, such that it might warrant immediate admission to hospital -

†Delete whichever do not apply

†(a) Today at (time)

†(b) Yesterday

†(c) On (date if within one week)

†(d) more than a week ago

Signed \_\_\_\_\_ Date \_\_\_\_\_

Time \_\_\_\_\_

# Joint medical recommendation for admission for treatment

Mental Health Act 1983  
Section 3

**THIS FORM MUST ONLY BE COMPLETED IF BOTH DOCTORS ARE PRESENT**

(full names and addresses of both practitioners)

We

  
  
  
  


(full name and address of patient)

registered medical practitioners, recommend that

  
  


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

(name of first practitioner)

I

(date)

last examined this patient on

\*Delete if not applicable

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

\*I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

(name of second practitioner)

I

(date)

last examined this patient on

\*Delete if not applicable

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

\*I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

In our opinion this patient is suffering from -

*(complete (a) or (b))*

\*\*Delete the phrase which does not apply

(a) mental illness/severe mental impairment \*\* and his mental disorder is of a nature or degree which makes it appropriate for him to receive medical treatment in a hospital;

(b) psychopathic disorder/mental impairment \*\* and his mental disorder is of a nature or degree which makes it appropriate for him to receive medical treatment in a hospital and such treatment is likely to alleviate or prevent a deterioration of his condition.

This opinion is founded on the following grounds:-

*(Give clinical description of the patient's mental condition)*

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We are of the opinion that it is necessary

Delete the indents not applicable

- (i) in the interest of the patient's own health
- (ii) in the interests of the patient's own safety
- (iii) with a view to the protection of other persons

that this patient should receive treatment and it cannot be provided unless he is detained under section 3 of the Act, for the following reasons:-

*(Reasons should indicate whether other methods of care or treatment (eg out-patient treatment or local social services authority services) are available and if so why they are not appropriate, and why informal admission is not appropriate.)*

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Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

# Medical recommendation for admission for treatment

Mental Health Act 1983  
Section 3

(full name and address of practitioner)

I

(full name and address of patient)

a registered medical practitioner, recommend that

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

(date)

I last examined this patient on

\*Delete if not applicable

\*(a) I had previous acquaintance with the patient before I conducted that examination.

\*(b) I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

In my opinion this patient is suffering from -

*(complete (a) or (b))*

\*\*The phrase which does not apply must be deleted

(a) mental illness/severe mental impairment \*\* and his mental disorder is of a nature or degree which makes it appropriate for him to receive medical treatment in a hospital;

(b) psychopathic disorder/mental impairment \*\* and his mental disorder is of a nature or degree which makes it appropriate for him to receive medical treatment in a hospital and such treatment is likely to alleviate or prevent a deterioration of his condition.

This opinion is founded on the following grounds:-

(Give clinical description of the patient's mental condition)

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I am of the opinion that it is necessary

Delete the indents not applicable

- (i) in the interest of the patient's own health
- (ii) in the interests of the patient's own safety
- (iii) with a view to the protection of other persons

that this patient should receive treatment and it cannot be provided unless he is detained under section 3 of the Act, for the following reasons:-

[Reasons should indicate whether other methods of care or treatment (eg out-patient treatment or local social services authority services) are available and if so why they are not appropriate, and why informal admission is not appropriate.]

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Signed \_\_\_\_\_ Date \_\_\_\_\_