

FORM 3

Joint medical recommendation for admission for assessment (s.2)

When deciding whether to detain under s.2 or s.3, use chapter 5 of the Code and the list of 'pointers'. **Remember** that a s.3 detention need not last any longer than a s.2 detention. Do not be influenced by a desire to avoid consulting the nearest relative or by the fact that a person detained under s.2 will get quicker access to a MHRT.

Makes sure that all names and addresses are correct and are correctly spelt. **This is very important.**

NOTE THAT
 (i) At least one of the recommending practitioners should have been approved under **s.12;**
AND
 (ii) If neither of you has had previous acquaintance with the patient, the appropriate section on the application form **must** be completed to explain why

Remember that a s.2 admission should not follow closely a Section 2 detention.

Form 3

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 RUTH CAROLINE FOWLER
7, EIGHT STREET, NINESVILLE, CORNWALL
TR40 1BC
ALAN HOWARD JACKSON
3, FOUR STREET, FIVESVILLE, CORNWALL
TR30 2BC

(name and address of patient) registered medical practitioners, recommend that JOSEPH PAULWICKS
1, TWO STREET, THREESVILLE, CORNWALL
TR45 1ZA

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

(name of first practitioner) I RUTH CAROLINE FOWLER
 (date) last examined this patient on 29 DECEMBER 1998

*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 ALAN HOWARD JACKSON
 (date) last examined this patient on 29 DECEMBER 1998

*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.~~

CHECK THAT YOU HAVE THE RIGHT FORM
 This form is for **joint medical recommendations** for admission for assessment (s.2) only. Use it if you and the other medical practitioner have **examined the patient together**. Use FORM 4 if you examine the patient independently.

Enter here the dates on which you each last examined the patient. As this is a **joint** medical recommendation the dates should be the same. Also note that the patient must be admitted within **14 days** of this date.

Advice about doctors who work in private practice completing medical recommendations can be found in chapter 4 of the Code.

NOTE
 Medical Practitioners should complete their name in full. i.e. **Do not use initials.**

FORM 3

Joint medical recommendation for admission for assessment (s.2)

Cont. . .

The patient must, in your opinion, meet the relevant criteria **at the time of making the recommendation**. An anticipated relapse is not enough.

Note that for a s.2 detention the patient **need not** be diagnosed as suffering from one of the four specific categories of mental disorder set out in s.3(2)(a)..
Mental disorder is defined in s.1.

Note that (a), (b) and (c) **are not options** and must all be considered.

State clearly here why informal admission is not appropriate.

You must both sign and date this form. If it is not signed it will be of no effect and cannot authorise detention.

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)

Signed *Ruth Fowler* Date *29/12/98*

Signed *AH Jackson* Date *29/12/98*

... or for assessment followed by treatment (which is not necessarily directly connected to the assessment). Assessment is fairly broadly defined - see chapter 5 of the Code.

Note that you do not necessarily have to delete one/any of these.

Note that you must both complete this recommendation **on or before** the date of the application.

Health includes **mental and or physical** health.

OTHER FORMS TO COMPLETE SECTION

For a s.2 application there will also need to be:

- an application for admission (FORM 1 if nearest relative is applicant, FORM 2 if ASW is applicant)
- a record of receipt of medical recommendation(s) and formal admission to hospital (FORM 14)

FORM 4

Medical recommendation for admission for assessment (s.2)

When deciding whether to detain under s.2 or s.3, use chapter 5 of the Code and the list of 'pointers'. **Remember** that a s.3 detention need not last any longer than a s.2 detention. Do not be influenced by a desire to avoid consulting the nearest relative or by the fact that a person detained under s.2 will get quicker access to a MHRT.

CHECK YOU HAVE THE RIGHT FORM
This form is for **single medical recommendations** for admission for assessment (s.2). Use it if you and the other medical practitioner examined the patient independently. Use FORM 3 if you examined the patient together.

Form 4
Mental Health Act 1983
Section 2

Medical recommendation for admission for assessment

I (full name and address of medical practitioner) RUTH CAROLINE FOWLER
7, EIGHT STREET, MINESVILLE, CORNWALL
TR40 1BC
a registered medical practitioner, recommend that

(full name and address of patient) JOSEPH PAUL WICKS
1, TWO STREET, THREESVILLE, CORNWALL
TR45 1ZA
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) 30th DECEMBER 1998

*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 mental disorder of a nature or degree which warrants detention of the patient in a hospital for assessment
AND
(b) that this patient ought to be so detained
(i) in the interests of the patient's own health
(ii) in the interests of 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 Ruth Fowler Date 30/12/98

Enter here the date on which you last examined the patient. Ensure that there are no more than **5 clear** days between both medical examinations.

The patient must, in your opinion, meet the relevant criteria **at the time of making the recommendation**. An anticipated relapse is not enough.

Note that for a s.2 detention the patient **need not** be diagnosed as suffering from one of the four specific categories of mental disorder set out in s.3(2)(a). **Mental disorder is defined in s.1.**

... or for assessment followed by treatment (which is not necessarily directly connected to the assessment). Assessment is fairly broadly defined - see chapter 5 of the Code.

Health includes **mental and or physical** health.

Note that you must complete this recommendation **on or before** the date of the application.

NOTE THAT
(i) At least one of the recommending practitioners should have been approved under **s.12** AND
(ii) If neither of you has had previous acquaintance with the patient, the appropriate section on the application **must** be completed to explain why.

Note that (a), (b) and (c) **are not options** and must all be considered

State clearly here why informal admission is not appropriate.

You must sign and date this form. If it is not signed it will be of no effect and cannot authorise detention.

Note that you do not necessarily have to delete one/any of these.

This refers to both physical and or psychological harm

Make sure that all names and addresses are correct and are correctly spelt. **This is very important.** Medical Practitioners must give full name i.e. **Do not use initials.**

Remember that a s.2 detention cannot follow immediately, and should not follow closely, after a previous s.2 detention.

Advice about doctors working in private practice completing medical recommendations can be found in chapter 4 of the Code.

OTHER FORMS TO COMPLETE SECTION

For a **s.2** application there will also need to be:

- an application for admission (FORM 1 if nearest relative is applicant, FORM 2 if ASW is applicant)
- another single medical recommendation (FORM 4)
- a record of receipt of medical recommendation(s) and formal admission to hospital (FORM 14)

For a **s.4 to s.2** conversion there will also need to be:

- completed s.4 forms
- a record of receipt of medical recommendation(s) and formal admission to hospital (FORM 14)

FORM 7

Medical recommendation for emergency admission for assessment (s.4)

REMEMBER THAT

s.4 should only be used where the need for the patient's admission is so urgent that it is not possible to obtain a second medical recommendation. See Code of Practice Chapter 6. That it is **impractical** or **inconvenient** for a second doctor to attend is not sufficient justification for its use.

Medical practitioners must give full name i.e.
Do not use initials

NOTE THAT
(i) If you have not had previous acquaintance with the patient, you must ensure the appropriate section on the application form has been completed to explain why:
AND
(ii) If the detention is later converted to a S2 detention at least one of the two medical practitioners should have been approved under s.12.

Note that (a), (b) and (c) are not options and must all be considered

Delete whichever do not apply

Form 7
Mental Health Act 1983
Section 4

Medical recommendation for emergency admission for assessment

THIS FORM IS TO BE USED ONLY FOR AN EMERGENCY APPLICATION

(name and address of medical practitioner) I ROTH CAROLINE FOWLER
7, EIGHT STREET, NINESVILLE, CORNWALL
TR40 1BC

a registered medical practitioner, recommend that

(full name and address of patient) JOSEPH PAUL WICKS
1, TWO STREET, THREESVILLE, CORNWALL
TR45 1ZA

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 1st JANUARY 1999

(time) at 5.00 a.m.

*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 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
(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.

Please turn over

Enter here the time and date of your medical examination of the patient. Note that the patient must be admitted to hospital within **24 hours** of this time **or** of the time of the application, **whichever is the earlier.**

The patient must, in your opinion, meet the relevant criteria **at the time of making the recommendation.** An anticipated relapse is not enough.

Note that for a s.4 detention the patient **need not** be diagnosed as suffering from one of the four specific categories of mental disorder set out in s.3(2)(a).
Mental disorder is defined in s.1.

Health includes **mental or physical** health.

This refers to both physical and or psychological harm

FORM 7

Medical recommendation for emergency admission for assessment (s.4)

Cont. . .

Clearly state your reasons here.

You should delete all but one of these, and complete only one box.

You must sign and date this form. If it is not signed it will be of no effect and cannot authorise detention.

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)

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 R. B. Fowler Date 01/01/99
Time 5.00 a.m.

Delete whichever do not apply.

TIME OF APPLICATION
Note that you must not make the application more than **24 hours** after you last saw the patient. Also make certain that the patient is admitted within **24 hours** of the time of the application **OR** of the time of the medical recommendation, **whichever is the earlier.**

Advice about doctors working in private practice completing medical recommendations can be found in chapter 4 of the Code.

OTHER FORMS TO COMPLETE SECTION

For a s.4 admission there will also need to be:

- an application for admission (FORM 5 if nearest relative is applicant, FORM 6 if ASW is applicant)
- a record of receipt of medical recommendation(s) and formal admission to hospital (FORM 14)

FORM 10

Joint medical recommendation for admission for treatment (s.3)

When deciding whether to detain under s.2 or s.3, use **chapter 5** of the Code and the list of “pointers”. **Remember** that a s.3 detention need not last any longer than a s.2 detention. Do not be influenced by a desire to avoid consulting the nearest relative or by the fact that a person detained under s.2 will get quicker access to a MHRT.

CHECK THAT YOU HAVE THE RIGHT FORM.
This form is for **joint medical recommendations** for admission for treatment (s.3). Use it if you and the other medical practitioner have examined the patient together. Use FORM 11 if you examine the patient independently.

NOTE
Medical practitioners should complete their name in full. i.e. **Do not use initials**

NOTE THAT
(i) At least one of the recommending practitioners should have been approved under s.12;
AND
(ii) If neither of you has had previous acquaintance with the patient, the appropriate section on the application form **must** be completed to explain why.

Form 10
Mental Health Act 1983
Section 3

Joint medical recommendation for admission for treatment

THIS FORM MUST ONLY BE COMPLETED IF BOTH DOCTORS ARE PRESENT

(full names and addresses of both practitioners) We RUTH CAROLINE FOWLER
7, EIGHT STREET, NINESVILLE, CORNWALL
TR40 1BC
ALAN HOWARD JACKSON
3, FOUR STREET, FIVESVILLE, CORNWALL
TR30 2BC
registered medical practitioners, recommend that

(full name and address of patient) JOSEPH PAUL WICKS
1, TWO STREET, THREESVILLE, CORNWALL
TR45 1ZA
be admitted to hospital for treatment in accordance with Part II of the Mental Health Act 1983

(name of first practitioner) I RUTH CAROLINE FOWLER
(date) last examined this patient on 30/12/98
*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 ALAN HOWARD JACKSON
(date) last examined this patient on 30/12/98
*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.

Make sure that all names and addresses are correct and are correctly spelt

Enter here the dates on which you each last examined the patient. As this is a **joint** medical recommendation the dates should be the same. Also note that the patient must be admitted within **14 days** of this date.

Advice about doctors who work in private practice completing medical recommendations can be found in chapter 4 of the Code.

FORM 10

Joint medical recommendation for admission for treatment (s.3)

Cont. . .

The patient must, in your opinion, meet the criteria for detention **at the time of making the recommendation**. An anticipated relapse is not enough.

Where the patient is suffering from psychopathic disorder or mental impairment (and **not** mental illness or severe mental impairment), the treatment must be **likely** to alleviate the disorder.

Enter a clear clinical description here.

Note that for a **s.3** detention you must be of the opinion that *it is necessary...* that the patient should receive treatment... etc.

Health includes **mental and or physical** health

This refers to both physical and or psychological harm.

You must enter here **clear and specific reasons**. Address all the indicated issues. **Do not** simply repeat what you entered in the clinical description section above.

You must sign and date this form. If it is not signed it is of no effect and cannot authorise detention.

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)

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.)

Signed RUB2 Fowler Date 30/12/98

Signed AT Jackson Date 30/12/98

Note that for a **section 3** detention, the patient must be diagnosed as suffering from one or more of the four specific categories of mental disorder set out in s.3(2)(a). You may specify more than one category but, as this is a **joint medical recommendation**, you must agree on which categories of disorder the patient is suffering from.

Delete whichever do not apply.

You must complete the recommendation on or before the date of the application.

OTHER FORMS TO COMPLETE SECTION

- For a **s.3** application there will also need to be:
- an application for admission (FORM 8 if nearest relative is applicant, FORM 9 if ASW is applicant)
 - a record of receipt of medical recommendation(s) and formal admission to hospital (FORM 14)

FORM 11

Single medical recommendation for admission for treatment (s.3)

CHECK THAT YOU HAVE THE RIGHT FORM.
This form is for **single medical recommendations** for admission for treatment (s.3). Use it if you and the other medical practitioner examine the patient independently.

Form 11
Mental Health Act 1983
Section 3

Medical recommendation for admission for treatment

I (full name and address of practitioner) RUTH CAROLINE FOWLER
7, EIGHT STREET, MINESVILLE, CORNWALL
TR40 1BC

a registered medical practitioner, recommend that (full name and address of patient) JOSEPH PAUL WICKS
1, TWO STREET, THREESVILLE, CORNWALL
TR40 1EA

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

(date) I last examined this patient on 30/12/98

*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))

(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.

**The phrase which does not apply must be deleted

The opinion is founded on the following grounds:-
(Give clinical description of the patient's mental condition)

I am of the opinion that it is necessary

Delete the indents not applicable

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

Enter here the date on which you last examined the patient. Ensure that there are no more than 5 clear days between both medical examinations. Also note that the patient must be admitted within **14 days** of the date of the latest medical examination.

NOTE THAT
(i) At least one of the recommending practitioners should have been approved under s.12;
AND
(ii) If neither of you has had previous acquaintance with the patient, the appropriate section on the application must be completed to explain why.

The patient must, in your opinion, meet the criteria for detention **at the time of making the recommendation**. An anticipated relapse is not enough.

Note that for a s.3 detention the patient must be diagnosed as suffering from one or more of the four specific categories of mental disorder set out in s.3(2)(a). You may specify more than one category and you may specify some categories that the other practitioner does not. You must, however, agree with the other practitioner on **at least one** category.

Where the patient is suffering from psychopathic disorder or mental impairment (and not mental illness or severe mental impairment), the treatment must be **likely** to alleviate the disorder.

Delete whichever do not apply.

This refers to both physical and or psychological harm.

Note that for a s.3 detention you must be of the opinion that **it is necessary...** that the patient should receive treatment...

Enter a **clear** clinical description here.

Health includes **mental** and or physical health.

When deciding whether to detain under s.2 or s.3, use **chapter 5** of the Code and the list of "pointers". **Remember** that a s.3 detention need not last any longer than a s.2 detention. **Do not** be influenced by a desire to void consulting the nearest relative or by the fact that a person detained under s.2 will get quicker access to a MHRT.

FORM 11

Single medical recommendation for admission for treatment (s.3)

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.]

Signed Robb Fowler Date 30/12/98

Enter here **clear and specific reasons.**

Address all the indicated issues. **Do not** simply repeat what you entered in the clinical description section above.

You must complete this recommendation on or before the date of the application.

You must sign and date this form. If it is not signed it will be of no effect and cannot authorise detention.

OTHER FORMS TO COMPLETE SECTION

- The second medical recommendation. For a **s.3** application there will also need to be:
- an application for admission (FORM 8 if nearest relative is applicant, FORM 9 if ASW is applicant)
 - a record of receipt of medical recommendation(s) and formal admission to hospital (FORM 14)