

Section 4 – medical recommendation for emergency admission for assessment

THIS FORM IS TO BE USED ONLY FOR AN EMERGENCY APPLICATION

I (*PRINT name, address and, if sending by means of electronic communication, email address of medical practitioner*)

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

be admitted to a hospital for assessment in accordance with Part 2 of the Mental Health Act 1983.

I last examined this patient on

/ /

(*date*)

at

:

(*time*)

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

* I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

(* *Delete if not applicable*)

I am of the opinion,

- (a) this patient is suffering from mental disorder of a nature or degree which warrants the detention of the patient in hospital for assessment (or for assessment followed by medical treatment) for at least a limited period,

AND

- (b) 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,
- (*delete the indents not applicable*)

AND

- (c) it is of urgent necessity for the patient to be admitted and detained under section 2 of the Act.

continue overleaf

My reasons for these opinions are: *(Your reasons should cover (a), (b) and (c) above. As part of them: describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; and explain why the patient ought to be admitted to hospital urgently and why informal admission is not appropriate.)*

(If you need to continue on a separate sheet please indicate here () and attach that sheet to this form)

Compliance with the provisions of Part 2 of the Act relating to applications under section 2 would involve undesirable delay, because – *(Say approximately how long you think it would take to obtain a second medical recommendation and what risk such a delay would pose to the patient or to other people.)*

(If you need to continue on a separate sheet please indicate here () and attach that sheet to this form)

Signed

Date

/ /

Time

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