

Section 2 – application by an approved mental health professional for admission for assessment

To the managers of *(name and address of hospital)*

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

apply for the admission of *(PRINT full name and address of patient)*

for assessment in accordance with Part 2 of the Mental Health Act 1983.

I am acting on behalf of *(PRINT name of local social services authority)*

and am approved to act as an approved mental health professional for the purposes of the Act by *(delete as appropriate)*

that authority

(name of local social services authority that approved you, if different)

Complete the following if you know who the nearest relative is.

Complete (a) or (b) as applicable and delete the other.

(a) To the best of my knowledge and belief *(PRINT full name and address)*

is the patient's nearest relative within the meaning of the Act.

(b) I understand that *(PRINT full name and address)*

has been authorised by a county court / the patient's nearest relative* to exercise the functions under the Act of the patient's nearest relative. (** Delete the phrase which does not apply*)

I have / have not yet* informed that person that this application is to be made and of the nearest relative's power to order the discharge of the patient. (** Delete the phrase which does not apply*)

continue overleaf

Complete the following if you do not know who the nearest relative is. Delete (a) or (b).

- (a) I have been unable to ascertain who is the patient's nearest relative within the meaning of the Act.
- (b) To the best of my knowledge and belief this patient has no nearest relative within the meaning of the Act.

The remainder of the form must be completed in all cases.

I last saw the patient on

/ / (date)

which was within the period of 14 days ending on the day this application is completed.

I have interviewed the patient and I am satisfied that detention in a hospital is in all the circumstances of the case the most appropriate way of providing the care and medical treatment of which the patient stands in need.

This application is founded on two medical recommendations in the prescribed form.

If neither of the medical practitioners had previous acquaintance with the patient before making their recommendations, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance with the patient –

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

Signed

Date

/ /