# Form A9 - Regulation4(1)(e)(i) Mental Health Act 1983

## Section 4 — Emergency application by nearest relative for admission for assessment

THIS FORM IS TO BE USED ONLY FOR AN EMERGENCY APPLICATION

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.

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

1. To the best of my knowledge and belief I am the patient’s nearest relative within the meaning of the Act.

I am the patient’s [state your relationship with the patient].

1. I have been authorised to exercise the functions under the Act of the patient’s nearest relative by a county court/the patient’s nearest relative <delete the phrase which does not apply>, and a copy of the authority is attached to this application.

I last saw the patient on [date],

at [time],

which was within the last 24 hours.

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

This application is founded on a medical recommendation in the prescribed form.

If the medical practitioner did not have previous acquaintance with the patient before making the recommendation, 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

Time

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Mental Health

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