

Section 7 – joint medical recommendation for reception into guardianship

We, registered medical practitioners, recommend that
(*PRINT full name and address of patient*)

[Redacted area for patient name and address]

be received into guardianship in accordance with Part 2 of the Mental Health Act 1983.

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

[Redacted area for first practitioner details]

last examined this patient on

/ /

(date)

and (**delete if not applicable*)

* 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.

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

[Redacted area for second practitioner details]

last examined this patient on

/ /

(date)

and (**delete if not applicable*)

* 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.

In our opinion,

- (a) this patient is suffering from mental disorder of a nature or degree which warrants the patient's reception into guardianship under the Act,

AND

- (b) it is necessary
 - (i) in the interests of the welfare of the patient
 - (ii) for the protection of other persons(*delete (i) or (ii) unless both apply*)

that the patient should be so received.

continue overleaf

Our reasons for these opinions are:

(Your reasons should cover both (a) and (b) 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 cannot appropriately be cared for without powers of guardianship.)

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

Signed

Date

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Signed

Date

/		/
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NOTE: AT LEAST ONE OF THE PRACTITIONERS SIGNING THIS FORM MUST BE APPROVED UNDER SECTION 12 OF THE ACT.