

Section 7 – medical recommendation for reception into guardianship

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

a registered medical practitioner recommend that

(*PRINT full name and address of patient*)

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

I last examined this patient on

/ / (date)

* 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)

In my 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

My 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

/ /