

**Section 21B – authority for detention after absence without leave for more than 28 days**

**PART 1**

*(To be completed by the responsible clinician)*

To the managers of *(name and address of hospital in which the patient is liable to be detained)*

[Redacted area for hospital name and address]

I examined *(PRINT full name of patient)*

[Redacted area for patient name]

on

[Redacted area for date of examination]

*(date of examination)*

who:

- (a) was absent without leave from hospital or the place where the patient ought to have been beginning on

[Redacted area for date absence without leave began]

*(date absence without leave began)*

- (b) was / is\* liable to be detained for a period ending on (\* delete the phrase which does not apply)

[Redacted area for date authority for detention would have expired]

*(date authority for detention would have expired, apart from any extension under section 21, or date on which it will expire)*

and

- (c) returned to the hospital or place on

[Redacted area for date returned to hospital or place]

*(date)*

I have consulted *(PRINT full name of approved mental health professional)*

[Redacted area for name of approved mental health professional]

who is an approved mental health professional.

I have also consulted *(PRINT full name and profession of person consulted)*

[Redacted area for name and profession of person consulted]

who has been professionally concerned with the patient's treatment.

In my opinion,

- (a) this patient is suffering from mental disorder of a nature or degree which makes it appropriate for the patient to receive medical treatment in a hospital,

AND

- (b) it is necessary
  - (i) for the patient's own health
  - (ii) for the patient's own safety
  - (iii) for the protection of other persons

*(delete the indents not applicable)*

that this patient should receive treatment in hospital,

because – *(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; say whether other methods of treatment or care (eg out-patient treatment or social services) are available and, if so, why they are not appropriate.)*

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

Such treatment cannot be provided unless the patient continues to be detained under the Act, for the following reasons– (*Reasons should indicate 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)*

I am also of the opinion that, taking into account the nature and degree of the mental disorder from which the patient is suffering and all other circumstances of the case, appropriate medical treatment is available to the patient.

The authority for the detention of the patient is / is not\* due to expire within a period of two months beginning with the date on which this report is to be furnished to the hospital managers. (*\* Delete the phrase which does not apply*)

*Complete the following only if the authority for detention is due to expire within that period of two months.*

This report shall / shall not\* have effect as a report duly furnished under section 20(3) for the renewal of the authority for the detention of the patient. (*\* Delete the phrase which does not apply*)

*Complete the following in all cases.*

I am furnishing this report by:  
(*Delete the phrase which does not apply*)

- today consigning it to the hospital managers' internal mail system.
- today sending it to the hospital managers, or a person authorised by them to receive it, by means of electronic communication.
- sending or delivering it without using the hospital managers' internal mail system.

Signed

PRINT NAME

Date

/	/
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**PART 2**

*(To be completed on behalf of the hospital managers)*

This report was *(Delete the phrase which does not apply)*  
furnished to the hospital managers through their internal mail system  
furnished to the hospital managers, or a person authorised by them to receive it,  
by means of electronic communication  
received by me on behalf of the hospital managers on

/ / (date)

Signed

[Signature area]

on behalf of the hospital managers

PRINT NAME

[Print Name area]

Date

/ /