

Form M1 *Regulation 15(2), (4)(a) and 16(2)*
Part 6 – date of reception of a patient in England

Mental Health Act 1983

(PRINT full name of patient)

* was admitted to *(name and address of hospital)*

at

:

(time)

on

(date)

* was received into the guardianship of *(name and address of guardian)*

on

(date)

* became a community patient as if discharged from *(name and address of responsible hospital)*

on

(date)

(Complete as appropriate and delete the others)*

Signed

on behalf of the hospital managers/
on behalf of the local social services authority/
the private guardian
(Delete whichever do not apply)

PRINT NAME

Date