



Form A11 - Regulation 4(1)(f) Mental Health Act 1983

Section 4 — Medical recommendation for emergency admission for assessment

THIS FORM IS TO BE USED ONLY FOR AN EMERGENCY APPLICATION

I [PRINT name, address and, if sending by means of electronic communication,
email address of medical practitioner],

a registered medical practitioner, recommend that [PRINT full name and address
of patient]

be admitted to a hospital for assessment in accordance with Part 2 of the Mental
Health Act 1983.

I last examined this patient on / at [date and time]

<*Delete if not applicable>

I am of the opinion,

- (a) this patient is suffering from mental disorder of a nature or degree which warrants the detention of the patient in hospital for assessment (or for assessment followed by medical treatment) for at least a limited period,

AND

(b) this patient ought to be so detained

<delete the indents not applicable>

AND

(c) it is of urgent necessity for the patient to be admitted and detained under section 2 of the Act.

My reasons for these opinions are: [Your reasons should cover (a), (b) and (c) 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 ought to be admitted to hospital urgently and 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]

Compliance with the provisions of Part 2 of the Act relating to applications under section 2 would involve undesirable delay, because— [Say approximately how long you think it would take to obtain a second medical recommendation and what risk such a delay would pose to the patient or to other people.]

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

Signed type
or
paste image
or
digital
signature

Date and time