

Section 17F(2) – authority for transfer of recalled community patient to a hospital under different managers

(To be completed on behalf of the managers of the hospital in which the patient is detained by virtue of recall)

PART 1

This form authorises the transfer of
(PRINT full name of patient)

[Blank box for patient name]

from *(name and address of hospital in which the patient is detained)*

[Blank box for hospital name and address]

to *(name and address of hospital to which patient is to be transferred)*

[Blank box for hospital name and address]

in accordance with the Mental Health (Hospital, Guardianship and Treatment) (England) Regulations 2008.

I attach a copy of Form CTO4 recording the patient's detention in hospital after recall.

- * The hospital in which the patient is currently detained is the patient's responsible hospital.
- * The hospital to which the patient is to be transferred is the patient's responsible hospital.
- * The patient's responsible hospital is
(name and address of responsible hospital)

[Blank box for responsible hospital name and address]

(Delete the phrases which do not apply)*

Signed

[Blank box for signature]

Date

/ /

on behalf of managers of the first named hospital

PRINT NAME

[Blank box for printed name]

PART 2

RECORD OF ADMISSION

(This is not part of the authority for transfer but is to be completed at the hospital to which the patient is transferred)

This patient was admitted to
(name of hospital)

in pursuance of this authority for transfer on

(date of admission to receiving hospital)

at

(time)

Signed

on behalf of managers of the receiving hospital

PRINT NAME

Date