

Section 5(2) – report on hospital in-patient

PART 1

(To be completed by a medical practitioner or an approved clinician qualified to do so under section 5(2) of the Act)

To the managers of *(name and address of hospital)*

I am *(PRINT full name)*

and I am *(Delete (a) or (b) as appropriate)*

- (a) the registered medical practitioner/the approved clinician (who is not a registered medical practitioner) *(delete the phrase which does not apply)*

- (b) a registered medical practitioner/an approved clinician (who is not a registered medical practitioner)* who is the nominee of the registered medical practitioner or approved clinician (who is not a registered medical practitioner) *(*delete the phrase which does not apply)*

in charge of the treatment of *(PRINT full name of patient)*

who is an in-patient in this hospital and not at present liable to be detained under the Mental Health Act 1983.

It appears to me that an application ought to be made under Part 2 of the Act for this patient's admission to hospital for the following reasons–

(The full reasons why informal treatment is no longer appropriate must be given.)

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

continue overleaf

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

consigning it to the hospital managers' internal mail system today at

: (time)

today sending it to the hospital managers, or a person authorised by them to receive it, by means of electronic communication
delivering it (or having it delivered) by hand to a person authorised by the hospital managers to receive it.

Signed

Date

/ /

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
delivered to me in person as someone authorised by the hospital managers to receive this report at

: (time) on / / (date)

Signed

on behalf of the hospital managers

PRINT NAME

Date

/ /