

**S.I. 1983 No. 893**  
**MENTAL HEALTH**

**The Mental Health (Hospital, Guardianship and Consent to Treatment) Regulations 1983**

*Made* - - - - 23rd June 1983  
*Laid before Parliament* 1st July 1983  
*Coming into Operation* 30th September 1983

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The Secretary of State for Social Services, in exercise of the powers conferred upon him by sections 9, 19(1) and (4), 32(1) and (2), 57(1)(b), 58(1)(a), 64(2) and 134(8) of and paragraph 41 of Schedule 5 to the Mental Health Act 1983 and of all other powers conferred upon him, after consultation with such bodies as appear to him to be concerned, hereby makes the following regulations:—

PART I

GENERAL

*Citation and commencement*

1. These regulations may be cited as the Mental Health (Hospital, Guardianship and Consent to Treatment) Regulations 1983 and shall come into operation on 30th September 1983.

*Interpretation*

2.—(1) In these regulations, unless the context otherwise requires—

“the Act” means the Mental Health Act 1983;

“appropriate medical officer” has the same meaning as in section 16(5) of the Act;

“the Commission” means the Mental Health Act Commission;

“document” means any application, recommendation, record, report, order, notice or other document;

“private guardian”, in relation to a patient, means a person, other than a local social services authority, who acts as guardian under the Act;

“served”, in relation to a document, includes addressed, delivered, given, forwarded, furnished or sent.

(2) Except insofar as the context otherwise requires, any reference in these regulations to—

- (a) a numbered section is to the section of the Act bearing that number;
- (b) a numbered regulation or Schedule is to the regulation in or Schedule to these regulations bearing that number and any reference in a regulation to a numbered paragraph is a reference to the paragraph of that regulation bearing that number;
- (c) a numbered form is a reference to the form in Schedule 1 bearing that number.

*Documents*

3.—(1) Except in a case to which paragraph (2) or (3) applies, any document required or authorised to be served upon any authority, body or person by or under Part II of the Act (compulsory admission to hospital or guardianship) or these regulations may be served—

- (a) by delivering it to the authority, body or persons upon whom it is to be served, or upon any person authorised by that authority, body or person to receive it; or
- (b) by sending it by prepaid post addressed to the authority or body at their registered or principal office or to the person upon whom it is to be served at his usual or last known residence.

(2) Any application for the admission of a patient to a hospital under Part II of the Act shall be served by delivering the application to an officer of the managers of the hospital, to which it is proposed that the patient shall be admitted, authorised by them to receive it.

(3) Any order by the nearest relative of the patient under section 23 for the discharge of a patient who is liable to be detained under Part II of the Act, and the notice of such order given under section 25(1), shall be served either by delivery of the order or notice at that hospital to an officer of the managers authorised by them to receive it or by sending it by prepaid post to those managers at that hospital.

(4) Subject to sections 6(3) and 8(3) (proof of applications), any document required or authorised by or under Part II of the Act or these regulations and purporting to be signed by a person required or authorised by or under that Part II or these regulations to do so shall be received in evidence and be deemed to be such a document without further proof, unless the contrary is shown.

(5) Any document required to be addressed to the managers of a hospital in accordance with the Act or these regulations shall be deemed to be properly addressed to such managers if addressed to the administrator of that hospital.

(6) Where under these regulations a local social services authority or the managers of a hospital are required to make any record or report, that function may be performed by an officer authorised by that authority or those managers in that behalf.

## PART II

PROCEDURES AND RECORDS RELATING TO HOSPITAL ADMISSIONS AND  
GUARDIANSHIP*Procedure for and record of hospital admissions*

4.—(1) For the purposes of admission to hospital under Part II of the Act—

- (a) any application for admission for assessment under section 2 shall be in the form set out—
  - (i) where made by the nearest relative, in Form 1,
  - (ii) where made by an approved social worker, in Form 2;
- (b) any medical recommendation for the purposes of section 2 shall be in the form set out—
  - (i) in the case of joint recommendations, in Form 3,
  - (ii) in any other case, in Form 4;

- (c) any emergency application under section 4 shall be in the form set out—
  - (i) where made by the nearest relative, in Form 5,
  - (ii) where made by an approved social worker, in Form 6;
- (d) any medical recommendation for the purposes of section 4 shall be in the form set out in Form 7;
- (e) any application for admission for treatment under section 3 shall be in the form set out—
  - (i) where made by the nearest relative, in Form 8,
  - (ii) where made by an approved social worker, in Form 9;
- (f) any medical recommendation for the purposes of section 3 shall be in the form set out—
  - (i) in the case of joint recommendations, in Form 10,
  - (ii) in any other case, in Form 11;
- (g) any report made under subsection (2) of section 5 (detention of patient already in hospital for 72 hours) by the registered medical practitioner in charge of the treatment of the patient shall be in the form set out in Form 12;
- (h) any record made under subsection (4) of section 5 (power to detain an in-patient for a maximum of 6 hours) by a nurse of the class for the time being prescribed for the purposes of that subsection shall be in the form set out in Form 13.

(2) For the purposes of section 15 (rectification of applications and recommendations), the managers of the hospital to which a patient has been admitted in pursuance of an application for assessment or for treatment may authorise in writing an officer or class of officers on their behalf—

- (a) to consent under subsection (1) of that section to the amendment of the application or any medical recommendation given for the purposes of the application;
- (b) to consider the sufficiency of a medical recommendation and, if the recommendation is considered insufficient, to give written notice as required by subsection (2) of that section,

and the managers of a mental nursing home, if two or more in number, may authorise one of their number to exercise the functions mentioned in subparagraphs (a) and (b).

(3) Where a patient has been admitted to a hospital pursuant to an application under section 2, 3 or 4, or detained pursuant to a report under section 5(2), a record of admission shall be made by the managers of that hospital in the form set out in [Form 15]<sup>1</sup> and shall be attached to the application or, as the case may be, report.

(4) A record of the receipt of any recommendation for the purposes of section 4, and any joint recommendation or, as the case may be, the second medical recommendation shall be made by the managers of the hospital to which the patient is to be admitted in the form set out in Form 15 and shall be attached to the recommendation.

(5) The time at which a patient ceased to be detained under subsection (4)

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<sup>1</sup> Amendment Regulations 1966 (S.I. No. 540).

of section 5 or the arrival, if earlier, of the registered medical practitioner having power to furnish a report under subsection (2) of section 5 shall be recorded either by the nurse who made the record required by the said subsection (4) or by another nurse of the class prescribed under that subsection, and authorised by the managers in that behalf, in the form set out in Form 16.

*Procedure for and acceptance of guardianship applications*

5.—(1) For the purposes of section 7 (application for guardianship)—

- (a) an application for guardianship shall be in the form set out—
  - (i) where made by the nearest relative, in Part I of Form 17,
  - (ii) where made by an approved social worker, in Part I of Form 18;
- (b) where a person other than a local social services authority is named as guardian, the statement by that person that he is willing to act shall be in the form set out in Part II of Form 17 or, as the case may be, 18;
- (c) any medical recommendation shall be in the form set out—
  - (i) in the case of a joint recommendation, in Form 19,
  - (ii) in any other case, in Form 20.

(2) A local social services authority may authorise in writing an officer or class of officers on behalf of the authority to consent under section 8(4) to any amendment of any guardianship application which the authority has accepted or any medical recommendation given for the purposes of that application.

(3) Where such an application is accepted by the responsible local social services authority, the record of acceptance shall be in the form set out in Form 21 and shall be attached to the application.

(4) The record of the receipt of any joint medical recommendation or, as the case may be, the second medical recommendation shall be made by the responsible social services authority in the form set out in Form 15 and shall be attached to the recommendation.

*Procedure for and record of reclassification of patients*

6. Any report for the purposes of section 16 (reclassification of patients detained in hospital or subject to guardianship) shall be—

- (a) in the case of a patient detained in hospital, in the form set out in Part I of Form 22;
- (b) in the case of a patient subject to guardianship, in the form set out in Part I of Form 23,

and the receipt of that report shall be recorded by the managers of the hospital or, as the case may be, the guardian in the form set out in Part II of Form 22 or 23 respectively.

*Transfer from hospital to hospital or guardianship*

7.—(1) This regulation shall apply in respect of any patient who is for the time being liable to be detained in a hospital under the Act, other than a patient transferred under section 19(3) (transfer between hospitals under the same managers) or section 123(1) and (2) (transfers between and from special hospitals) applies.

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(2) A patient to whom this regulation applies may be transferred to another hospital where—

- (a) an authority for transfer in the form set out in Part I of Form 24 is given by the managers of the hospital in which the patient is liable to be detained; and
- (b) those managers are satisfied that arrangements have been made for the admission of the patient to the hospital to which he is being transferred within a period of 28 days beginning with the date of the authority for transfer,

and, on the transfer of that patient, the managers of the hospital to which he is transferred shall record his admission in the form set out in Part II of Form 24.

(3) A patient to whom this regulation applies may be transferred into the guardianship of a local social services authority, or of any person approved by a local social services authority, where—

- (a) an authority for transfer in the form set out in Part I of Form 25 is given by the managers of the hospital in which the patient is detained;
- (b) the transfer has been agreed by the local social services authority, which will be the responsible one if the proposed transfer takes effect, in the form set out in Part II of Form 25;
- (c) that local social services authority has specified the date on which the transfer shall take place; and
- (d) where the person named in the authority for transfer as guardian is a person other than a local social services authority, the agreement of that person has been obtained and recorded in the form set out in Part III of Form 25.

(4) Where a patient to whom this regulation applies is detained in a mental nursing home—

- (a) he may be transferred from that home to another where both homes are under the management of the same managers, and paragraph (2) shall not apply;
- (b) where he is maintained under a contract with a Regional Health Authority, District Health Authority or a special health authority, any authority for transfer required under paragraph (2)(a) or, as the case may be, (3)(a) may be given by an officer of that health authority, authorised by that health authority in that behalf, instead of by the managers.

(5) In this regulation the functions of the managers may be performed by an officer authorised by them in that behalf.

*Transfer from guardianship to guardianship or hospital*

8.—(1) This regulation shall apply in respect of any patient who is for the time being subject to guardianship under Part II of the Act.

(2) A patient to whom this regulation applies may be transferred into the guardianship of another local social services authority or person where—

- (a) an authority for transfer is given by the guardian in the form set out in Part I of Form 26;

- (b) that transfer has been agreed by the local social services authority, which will be the responsible one if the proposed transfer takes effect, in the form set out in Part II of Form 26;
  - (c) that local social services authority has specified the date on which the transfer shall take place; and
  - (d) where the person named in the authority for transfer as proposed guardian is a person other than a local social services authority, the agreement of that person has been obtained and recorded in the form set out in Part III of Form 26.
- (3) An authority for transfer to hospital of a patient to whom this regulation applies may be given by the responsible local social services authority in the form set out in Form 27 where—
- (a) an application for admission for treatment has been made by an approved social worker in the form set out in Form 9 and, for the purposes of that application, sections 11(4) (consultation with nearest relative) and 13 (duty of approved social worker) shall apply as if the proposed transfer were an application for admission for treatment;
  - (b) that application is founded on medical recommendations given by two registered medical practitioners in accordance with section 12 in the form set out—
    - (i) in the case of joint recommendations, in Form 28;
    - (ii) in any other case, in Form 29;
  - (c) that application has been accepted by the managers of the hospital to which it was addressed and the responsible local social services authority is satisfied that arrangements have been made for the admission of the patient to that hospital within the period of 14 days beginning with the date of the authority for transfer;
  - (d) the responsible local social services authority has taken such steps as are practicable to inform the person (if any) appearing to be the patient's nearest relative of the proposed transfer,

and, on the transfer of that patient, a record of admission shall be made by the managers of the hospital to which he is transferred in the form set out in Form 14 and shall be attached to the application.

#### *Conveyance to hospital on transfer*

9.—(1) Where the conditions of regulation 7(2) or 8(3) are satisfied, the authority for transfer given in accordance with those regulations shall be sufficient authority for the following persons to take the patient and convey him to the hospital to which he is being transferred within the periods specified:—

- (a) in a case to which regulation 7(2) applies, an officer of the managers of either hospital, or any person authorised by the managers of the hospital to which the patient is being transferred, within the period of 28 days beginning with the date of the authority for transfer;
- (b) in a case to which regulation 8(3) applies, an officer of, or any person authorised by, the responsible local social services authority, within the period of 14 days beginning with the date on which the patient was last examined by a medical practitioner for the purposes of regulation 8(3)(b).

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(2) Paragraph (1) shall apply to a patient who—

- (a) is liable to be detained under the Act and is removed to another hospital in circumstances to which section 19(3) applies, as if the authority given by the managers for that transfer were an authority for transfer given in accordance with regulation 7(2);
- (b) is liable to be detained in a special hospital and who, pursuant to a direction given by the Secretary of State under section 123(1) or (2), is removed to another special hospital or transferred to another hospital, as if that direction were an authority for transfer given in accordance with regulation 7(2).

(3) In a case to which regulation 7(4)(a) applies, an officer of or any other person authorised by the managers of the mental nursing home may take and convey the patient to the mental nursing home to which he is being transferred.

*Renewal of authority for detention or guardianship*

10.—(1) Any report for the purposes of section 20(3) (medical recommendation for renewal of authority to detain) shall be in the form set out in Part I of Form 30.

(2) Any report for the purposes of section 20(6) (medical recommendation for renewal of guardianship) shall be in the form set out in Part I of Form 31.

(3) Any renewal of authority for detention or guardianship under section 20(8) shall be recorded by the managers of the hospital in which the patient is liable to be detained or, as the case may be, the responsible local social services authority in the form set out in Part II of Form 30 or, as the case may be, 31.

*Removal to England and Wales*

11.—(1) This regulation shall apply to any patient who is removed to England or Wales under Part VI of the Act or Part VI of the Mental Health (Scotland) Act 1960 (removal and return of patients within United Kingdom).

(2) The appropriate medical officer shall record, in the form set out on Form 32, his opinion as to the form or forms of mental disorder from which a patient to whom this regulation applies is suffering—

- (a) where the patient is or becomes at the time of his removal subject to an order or direction restricting his discharge, or is treated as being so subject, as soon as is reasonably practicable after he ceases to be so subject; and
- (b) in any other case, as soon as reasonably practicable after the patient's removal.

(3) Where a patient to whom this regulation applies is liable to be detained in a hospital, the managers of the hospital shall record in the form set out in Form 33 the date on which the patient is admitted to the hospital, and shall, as soon as reasonably practicable, inform the patient's nearest relative, if any, of the admission.

(4) Where a patient to whom this regulation applies is received into guardianship—



- (a) the guardian shall record in the form set out in Form 33 the date on which the patient arrives at the place at which the patient is to reside on his reception into guardianship under the Act;
- (b) the guardian shall, as soon as reasonably practicable, inform the patient's nearest relative, if any, that the patient has been received into guardianship under the Act; and
- (c) a private guardian shall notify the responsible local social services authority of the date mentioned in sub-paragraph (a) and of the particulars mentioned in regulation 12(b) and (e).

## PART III

## FUNCTIONS OF GUARDIANS AND NEAREST RELATIVES

*Duties of private guardians***12.** It shall be the duty of a private guardian—

- (a) to appoint a registered medical practitioner to act as the nominated medical attendant of the patient;
- (b) to notify the responsible local social services authority of the name and address of the nominated medical attendant;
- (c) in exercising the powers and duties conferred or imposed upon him by the Act and these regulations, to comply with such directions as that authority may give;
- (d) to furnish that authority with all such reports or other information with regard to the patient as the authority may from time to time require;
- (e) to notify that authority—
  - (i) on the reception of the patient into guardianship, of his address and the address of the patient,
  - (ii) except in a case to which paragraph (f) applies, of any permanent change of either address, before or not later than 7 days after the change takes place;
- (f) where on any permanent change of his address, the new address is in the area of a different local social services authority, to notify that authority—
  - (i) of his address and that of the patient,
  - (ii) of the particulars mentioned in paragraph (b),and to send a copy of the notification to the authority which was formerly responsible; and
- (g) in the event of the death of the patient, or the termination of the guardianship by discharge, transfer or otherwise, to notify the responsible local social services authority as soon as reasonably practicable.

*Visits to patients subject to guardianship*

**13.** The responsible local social services authority shall arrange for every patient received into guardianship under Part II of the Act to be visited at such intervals as the authority may decide, but in any case at intervals of not more

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than 3 months, and at least one such visit in any year shall be made by a practitioner approved by the Secretary of State for the purposes of section 12 (general provisions as to medical recommendations).

*Performance of functions of nearest relative*

14.—(1) Subject to the conditions of paragraph (2), the nearest relative of a patient may authorise in writing any person other than the patient or a person mentioned in section 26(5) (persons deemed not to be the nearest relative) to perform in respect of the patient the functions conferred upon the nearest relative by or under Part II of the Act or these regulations and may revoke such authority.

(2) The conditions mentioned in paragraph (1) are that, on making or revoking such authority, the nearest relative shall forthwith give the authority, or give notice in writing of the revocation of such authority, to—

- (a) the person authorised;
- (b) in the case of a patient liable to be detained in a hospital, the managers of that hospital;
- (c) in the case of a patient subject to guardianship, the responsible local social services authority and to the private guardian, if any.

(3) Any such authority shall take effect upon receipt of the authority by the person authorised, and any revocation of such authority shall take effect upon the receipt of the notice by the person authorised.

(4) A person for the time being authorised in accordance with the preceding paragraphs shall exercise the functions mentioned in paragraph (1) on behalf of the nearest relative.

*Discharge by nearest relative*

15.—(1) Any order made by the nearest relative of the patient under section 23 for the discharge of a patient who is liable to be detained under Part II of the Act shall be served upon the managers of the hospital where the patient is liable to be detained and may be in the form set out in Form 34.

(2) Any order made by the nearest relative of the patient under section 23 for discharge of a patient subject to guardianship under the Act shall be served upon the responsible local social services authority and may be in the form set out in Form 35.

(3) Any report given by the responsible medical officer for the purposes of section 25 (restrictions on discharge by nearest relative) shall be in the form set out in Part I of Form 36 and the receipt of that report by the managers of the hospital in which the patient is liable to be detained shall be in the form set out in Part II of Form 36.

PART IV

CONSENT TO TREATMENT

*Consent to treatment*

16.—(1) For the purposes of section 57 (treatment requiring consent and a second opinion)—

- (a) the form of treatment to which that section shall apply, in addition to the treatment mentioned in subsection (1)(a) of that section (any surgical operation for destroying brain tissue or for destroying the functioning of brain tissue), shall be the surgical implantation of hormones for the purpose of reducing male sexual drive;
  - (b) the certificates required for the purposes of subsection (2)(a) and (b) of that section shall be in the form set out in Form 37.
- (2) For the purposes of section 58 (treatment requiring consent or a second opinion)—

- (a) the form of treatment to which that section shall apply, in addition to the administration of medicine mentioned in subsection (1)(b) of that section, shall be electro-convulsive therapy; and
- (b) the certificates required for the purposes of subsection (3)(a) and (b) of that section shall be in the form set out in Forms 38 and 39 respectively.

PART V  
CORRESPONDENCE OF PATIENTS

*Inspection and opening of postal packets*

17.—(1) Where under section 134(4) (inspection and opening of postal packets addressed to or by patients in hospital) any postal packet is inspected and opened, but neither the packet nor anything contained in it is withheld under section 134(1) or (2), the person who so inspected and opened it, being a person appointed under section 134(7) to perform the functions of the managers of the hospital under that section (“the person appointed”), shall record in writing—

- (a) that the packet had been so inspected and opened;
- (b) that nothing in the packet has been withheld; and
- (c) his name and the name of the hospital,

and shall, before resealing the packet, place the record in that packet.

(2) Where under section 134(1) or (2) any postal packet or anything contained in it is withheld by the person appointed—

- (a) he shall record in a register kept for the purpose—
  - (i) that the packet or anything contained in it has been withheld,
  - (ii) the date on which it was so withheld,
  - (iii) the grounds on which it was so withheld,
  - (iv) a description of the contents of the packet withheld or of any item withheld, and
  - (v) his name; and
- (b) if anything contained in the packet is withheld, he shall record in writing—
  - (i) that the packet has been inspected and opened,
  - (ii) that an item or items contained in the packet have been withheld,
  - (iii) a description of any such item,
  - (iv) his name and the name of the hospital, and
  - (v) in any case to which section 134(1)(b) or (2) applies, the further particulars required for the purposes of section 134(6),
 and shall, before resealing the packet, place the record in that packet.

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- (3) In a case to which section 134(1)(b) or (2) applies—
- (a) the notice required for the purposes of section 134(6) shall include—
    - (i) a statement of the grounds on which the packet in question or anything contained in it was withheld, and
    - (ii) the name of the person appointed who so decided to withhold that packet or anything contained in it and the name of the hospital; and
  - (b) where anything contained in a packet is withheld the record required by paragraph (2)(b) above shall, if the provisions of section 134(6) are otherwise satisfied, be sufficient notice to the person to whom the packet is addressed for the purposes of section 134(6).

*Review of decisions to withhold postal packets*

**18.**—(1) Every application for review by the Commission under section 121(7) (review of any decision to withhold a postal packet, or anything contained in it, under section 134)—

- (a) shall be made in such manner as the Commission may accept as sufficient in the circumstances of any particular case or class of case and may be made otherwise than in writing; and
- (b) shall be made, delivered or sent to an office of the Commission.

(2) Any person making such an application shall furnish to the Commission the notice of the withholding of the postal packet or anything contained in it, given under section 134(6), or a copy of that notice.

(3) For the purpose of determining any such application the Commission may direct the production of such documents, information and evidence as it may reasonably require.

PART VI

TRANSITIONAL PROVISIONS AND REVOCATIONS

*Transitional provisions*

**19.**—(1) Until the expiration of the period mentioned in paragraph 4(1) of Schedule 5 to the Act (delay of introduction of approved social workers) for any reference in these regulations (and in any form in Schedule 1 to these regulations) to an approved social worker there shall be substituted a reference to a mental welfare officer.

(2) Any opinion of the responsible medical officer recorded for the purposes of paragraph 39 of Schedule 5 to the Act shall be in the form set out in Form 32.

*Revocations*

**20.** The regulations and orders specified in column 1 of Schedule 2 are hereby revoked to the extent mentioned in column 3 of that Schedule.

Signed by authority of the Secretary of State for Social Services.

*K. Clarke,*  
Minister of State,  
Department of Health and Social Security.

23rd June 1983.

SCHEDULE 1

Regulations 4-11,  
15 and 16

FORMS FOR USE IN CONNECTION WITH COMPULSORY ADMISSION TO  
HOSPITAL, GUARDIANSHIP AND CONSENT TO TREATMENT

FORM 1

Regulation 4(1)(a)(i)

MENTAL HEALTH ACT 1983 SECTION 2

APPLICATION BY NEAREST RELATIVE FOR ADMISSION FOR ASSESSMENT

To the Managers of [name and address of hospital or mental nursing home].

I [your full name] of [your address] hereby apply for the admission of [full name of patient] of [address of patient] for assessment in accordance with Part II of the Mental Health Act 1983.

Complete (a) or (b)

(a) To the best of my knowledge and belief I am the patient's nearest relative within the meaning of the Act.

I am the patient's [state relationship].

(b) I have been authorised to exercise the functions under the Act of the patient's nearest relative by                     a county court                      
the patient's nearest relative.

Delete the phrase which does not apply.

A copy of the authority is attached to this application.

I last saw the patient on [date].

This application is founded on two medical recommendations in the prescribed form.

If neither of the medical practitioners knew the patient before making their recommendations, please explain why you could not get a recommendation from a medical practitioner who did know the patient:—

Signed .....

Date .....

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FORM 2\*

Regulation 4(1)(a)(ii)

MENTAL HEALTH ACT 1983 SECTION 2

APPLICATION BY AN APPROVED SOCIAL WORKER FOR ADMISSION FOR ASSESSMENT

To the Managers of [name and address of hospital or mental nursing home].

I [your full name] of [your office address] hereby apply for the admission of [full name of patient] of [address of patient] for assessment in accordance with Part II of the Mental Health Act 1983.

I am an officer of [name of local social services authority] appointed to act as an approved social worker for the purposes of the Act.

*Indicate clearly below if the nearest relative is known or not.*

*The following section should be completed if nearest relative known.*

Indicate if (a) or (b) is applicable.

(a) To the best of my knowledge and belief [name and address] is the patient's nearest relative within the meaning of the Act.

\*Delete the phrase which does not apply.

I have/have not yet\* informed that person that this application is to be made and of his power to order the discharge of the patient.

OR

(b) I understand that [name and address] has been authorised by a county court/the patient's nearest relative\* to exercise the functions under the Act of the patient's nearest relative.

I have/have not yet\* informed that person that this application is to be made and of his power to order the discharge of the patient.

(a) I have been unable to ascertain who is the patient's nearest relative within the meaning of the Act.

OR

(b) To the best of my knowledge and belief this patient has no nearest relative within the meaning of the Act.

*The following section must be completed in all cases*

I last saw the patient on [date].

I have interviewed the patient and I am satisfied that detention in a hospital is in all the circumstances of the case the most appropriate way of providing the care and medical treatment of which the patient stands in need.

This application is founded on two medical recommendations in the prescribed form.

If neither of the medical practitioners knew the patient before making their recommendations, please explain why you could not get a recommendation from a medical practitioner who did know the patient:-

Signed .....

Date .....

\* As substituted by The Mental Health (Hospital, Guardianship and Consent to Treatment) (Amendment) Regulations 1996 (S.I. No. 540).

MENTAL HEALTH ACT 1983 SECTION 2

JOINT MEDICAL RECOMMENDATION FOR ADMISSION FOR ASSESSMENT

**THIS FORM MUST ONLY BE COMPLETED IF BOTH DOCTORS ARE PRESENT**

We [full names and addresses of both medical practitioners], registered medical practitioners, recommend that [full name and address of patient] be admitted to a hospital for assessment in accordance with Part II of the Mental Health Act 1983.

I [name of first practitioner] last examined this patient on [date].

\*I had previous acquaintance with the patient before I conducted that examination.

\*Delete if not applicable.

\*I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

I [name of second practitioner] last examined this patient on [date].

\*I had previous acquaintance with the patient before I conducted that examination.

\*Delete if not applicable.

\*I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

We are of the opinion

(a) that this patient is suffering from mental disorder of a nature of degree which warrants the detention of the patient in a hospital for assessment

AND

(b) that this patient ought to be so detained

- (i) in the interests of the patient's own health
- (ii) in the interests of the patient's own safety
- (iii) with a view to the protection of other persons

Delete the indents not applicable.

AND

(c) that informal admission is not appropriate in the circumstance of this case for the following reasons:-

(The full reason why informal admission is not appropriate must be given)

Signed .....

Date .....

Signed .....

Date .....

<sup>2</sup> As substituted by The Mental Health (Hospital, Guardianship and Consent to Treatment) (Amendment) Regulations 1996 (S.I. No. 540).

THE MENTAL HEALTH (HOSPITAL, GUARDIANSHIP AND CONSENT-TO-TREATMENT) REGULATIONS 1983 **B 25**

FORM 4<sup>1</sup>

Regulation 4(1)(b)(ii)

MENTAL HEALTH ACT 1983 SECTION 2

MEDICAL RECOMMENDATION FOR ADMISSION FOR ASSESSMENT

I [full name and address of medical practitioner], a registered medical practitioner, recommend that [full name and address of patient] be admitted to a hospital for assessment in accordance with Part II of the Mental Health Act 1983.

I last examined this patient on [date].

\*Delete if not applicable.

\*I had previous acquaintance with the patient before I conducted that examination.

\*I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

I am of the opinion

(a) that this patient is suffering from mental disorder of a nature or degree which warrants detention of the patient in a hospital for assessment

AND

(b) that this patient ought to be so detained

Delete the indents not applicable.

(i) in the interests of the patient's own health

(ii) in the interests of the patient's own safety

(iii) with a view to the protection of other persons

AND

(c) that informal admission is not appropriate in the circumstances of this case for the following reasons:-

(The full reason why informal admission is not appropriate must be given)

Signed .....

Date .....

<sup>1</sup> As substituted by The Mental Health (Hospital, Guardianship and Consent to Treatment) (Amendment) Regulations 1996 (S.I. No. 540).



MENTAL HEALTH ACT 1983 SECTION 4

EMERGENCY APPLICATION BY NEAREST RELATIVE FOR ADMISSION FOR ASSESSMENT

*THIS FORM IS TO BE USED ONLY FOR AN EMERGENCY APPLICATION*

To the Managers of [name and address of hospital or mental nursing home].

I [your full name] of [your address] hereby apply for the admission of [full name of patient] of [address of patient] for assessment in accordance with Part II of the Mental Health Act 1983.

Complete (a) or (b)

(a) To the best of my knowledge and belief I am the patient's nearest relative within the meaning of the Act.

I am the patient's [state relationship].

(b) I have been authorised to exercise the functions under the Act of the patient's nearest relative by a county court the patient's nearest relative.

Delete the phrase which does not apply.

I last saw the patient on [date] at [time].

In my opinion it is of urgent necessity for the patient to be admitted and detained under section 2 of the Act. Compliance with the provisions of Part II of the Act relating to applications under that section would involve undesirable delay.

This application is founded on one medical recommendation in the prescribed form.

If the medical practitioner did not know the patient before making his recommendation, please explain why you could not get a recommendation from a medical practitioner who did know the patient:—

Signed .....

Date .....

Time .....

THE MENTAL HEALTH (HOSPITAL, GUARDIANSHIP AND **B 27**  
CONSENT-TO-TREATMENT) REGULATIONS 1983

FORM 6

Regulation 4(1)(c)(ii)

MENTAL HEALTH ACT 1983 SECTION 4

EMERGENCY APPLICATION BY AN APPROVED SOCIAL WORKER FOR  
ADMISSION FOR ASSESSMENT

*THIS FORM IS TO BE USED ONLY FOR AN  
EMERGENCY APPLICATION*

To the Managers of [name and address of hospital or mental nursing home].

I [your full name] of [your office address] hereby apply for the admission of [full name of patient] of [address of patient] for assessment in accordance with Part II of the Mental Health Act 1983.

I am an officer of [name of local social services authority] appointed to act as an approved social worker for the purposes of the Act.

I last saw the patient on [date] at [time].

I have interviewed the patient and I am satisfied that detention in a hospital is in all the circumstances of the case the most appropriate way of providing the care and medical treatment of which the patient stands in need.

In my opinion it is of urgent necessity for the patient to be admitted and detained under section 2 of the Act. Compliance with the provisions of Part II of the Act relating to applications under that section would involve undesirable delay.

This application is founded on one medical recommendation in the prescribed form.

If the medical practitioner did not know the patient before making his recommendation, please explain why you could not get a recommendation from a medical practitioner who did know the patient:—

Signed .....

Date .....

Time .....

**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 [name and address of medical practitioner], a registered medical practitioner, recommend that [full name and address of patient] be admitted to a hospital for assessment in accordance with Part II of the Mental Health Act 1983.

I last examined this patient on [date] at [time].

\*I had previous acquaintance with the patient before I conducted that examination.

\*Delete if not applicable.

\*I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

I am of the opinion—

(a) that this patient is suffering from mental disorder of a nature or degree which warrants the patient's detention in a hospital for assessment for at least a limited period.

AND

(b) that this patient ought to be so detained

(i) in the interests of the patient's own health

(ii) in the interests of the patient's own safety

(iii) with a view to the protection of other persons

Delete the indents not applicable.

AND

(c) that informal admission is not appropriate in the circumstances of this case.

In my opinion it is of urgent necessity for the patient to be admitted and detained under section 2 of the Act. Compliance with the provisions of Part II of the Act relating to applications under that section would involve undesirable delay.

In my opinion an emergency exists, because I estimate that compliance with those provisions would cause about [ ] hours' delay, and I consider such a delay might result in harm as follows [state reasons] to

\*(a) the patient

\*(b) those now caring for him

\*(c) other persons

I understand that the managers of the hospital to which the patient is admitted may ask me for further information relevant to this recommendation I was first made aware that his condition was causing anxiety, such that it might warrant immediate admission to hospital—

†(a) Today at [time]

†(b) Yesterday

†(c) On [date if within one week]

†(d) More than a week ago

†Delete whichever do not apply.

Signed .....

Date .....

Time .....

<sup>‡</sup> As substituted by The Mental Health (Hospital, Guardianship and Consent to Treatment) (Amendment) Regulations 1996 (S.I. No. 540).

THE MENTAL HEALTH (HOSPITAL, GUARDIANSHIP AND CONSENT-TO-TREATMENT) REGULATIONS 1983 **B 29**

FORM 8 Regulation 4(1)(e)(i)

MENTAL HEALTH ACT 1983 SECTION 3

APPLICATION BY NEAREST RELATIVE FOR ADMISSION FOR TREATMENT

To the Managers of [name and address of hospital or mental nursing home].

I [your full name] of [your address] hereby apply for the admission of [full name of patient] of [address of patient] for treatment in accordance with Part II of the Mental Health Act 1983.

Complete (a) or (b)

(a) To the best of my knowledge and belief I am the patient's nearest relative within the meaning of the Act.

I am the patient's [state relationship].

(b) I have been authorised to exercise the functions under the Act of the patient's nearest relative by a county court  
the patient's nearest relative.

Delete the phrase which does not apply.

A copy of the authority is attached to this application.

I last saw the patient on [date].

This application is founded on two medical recommendations in the prescribed form.

If neither of the medical practitioners knew the patient before making their recommendations, please explain why you could not get a recommendation from a medical practitioner who did know the patient:—

Signed .....

Date .....

MENTAL HEALTH ACT 1983 SECTION 3

APPLICATION BY APPROVED SOCIAL WORKER FOR ADMISSION FOR TREATMENT

To the Managers of [name and address of hospital or mental nursing home].

I [your full name] of [your office address] hereby apply for the admission of [full name of patient] of [address of patient] for treatment in accordance with Part II of the Mental Health Act 1983 as a person suffering from:

mental illness, mental impairment, severe mental impairment, psychopathic disorder [enter whichever of these is appropriate].

I am an officer of [name of local social services authority] appointed to act as an approved social worker for the purposes of the Act.

Indicate clearly below if the nearest relative had been consulted or not.

The following section should be completed where consultation has taken place.

Complete (a) or (b)

(a) I have consulted [name and address] who to the best of my knowledge and belief is the patient's nearest relative within the meaning of the Act.

That person known as the nearest relative has not notified me or the local social services authority by whom I am appointed that he/she objects to this application being made.

OR

\*Delete the phrase which does not apply.

(b) I have consulted [name and address] who I understand has been authorised by a county court/the patient's nearest relative\* to exercise the functions under the Act of the patient's nearest relative.

That person known as the nearest relative has not notified me or the local social services authority by whom I am appointed that he/she objects to this application being made.

The following section should be completed where no consultation has taken place

Indicate whether (a), (b) or (c) applies.

(a) I have been unable to ascertain who is this patient's nearest relative within the meaning of the Act.

OR

(b) To the best of my knowledge and belief this patient has no nearest relative within the meaning of the Act.

OR

Delete either (i) or (ii).

(c) I understand that [name and address] is

(i) this patient's nearest relative within the meaning of the Act

(ii) authorised to exercise the functions of this patient's nearest relative under the Act

AND in my opinion it is not reasonably practicable or would involve unreasonable delay to consult that person before making this application.

The following section must be completed in all cases

I last saw the patient on [date].

I have interviewed the patient and I am satisfied that detention in a hospital is in all the circumstances of the case the most appropriate way of providing the care and medical treatment of which the patient stands in need.

This application is founded on two medical recommendations in the prescribed form.

If neither of the medical practitioners knew the patient before making their recommendations, please explain why you could not get a recommendation from a medical practitioner who did know the patient:-

Signed .....

Date .....

† As substituted by The Mental Health (Hospital, Guardianship and Consent to Treatment) (Amendment) Regulations 1996 (S.I. No. 540).

THE MENTAL HEALTH (HOSPITAL, GUARDIANSHIP AND  
CONSENT-TO-TREATMENT) REGULATIONS 1983

B 31

FORM 10\*

Regulation 4(1)(f)(i)

MENTAL HEALTH ACT 1983 SECTION 3

JOINT MEDICAL RECOMMENDATION FOR ADMISSION FOR TREATMENT

**THIS FORM MUST ONLY BE COMPLETED IF BOTH DOCTORS ARE PRESENT**

We [full names and addresses of both practitioners], registered medical practitioners, recommend that [full name and address of patient] be admitted to a hospital for treatment in accordance with Part II of the Mental Health Act 1983.

I [name of first practitioner] last examined this patient on [date].

\*I had previous acquaintance with the patient before I conducted that examination.

\*Delete if not applicable.

\*I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

I [name of second practitioner] last examined this patient on [date].

\*I had previous acquaintance with the patient before I conducted that examination.

\*I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

In our opinion this patient is suffering from – (complete (a) or (b)

(a) mental illness/severe mental impairment\*\* and his mental disorder is of a nature or degree which makes it appropriate for him to receive medical treatment in a hospital;

\*\*Delete the phrase which does not apply.

(b) psychopathic disorder/mental impairment\*\* and his mental disorder is of a nature or degree which makes it appropriate for him to receive medical treatment in a hospital and such treatment is likely to alleviate or prevent a deterioration of his condition.

This opinion is founded on the following grounds:–

[Give clinical description of the patient's mental condition].

We are of the opinion that it is necessary

- (i) in the interests of the patient's own health
- (ii) in the interests of the patient's own safety
- (iii) with a view to the protection of other persons

Delete the indents not applicable.

that this patient should receive treatment and it cannot be provided unless he is detained under section 3 of the Act, for the following reasons:–

[Reasons should indicate whether other methods of care or treatment (eg, out-patient treatment or local social services authority services) are available and if so why they are not appropriate, and why informal admission is not appropriate].

Signed .....

Date .....

Signed .....

Date .....

\* As substituted by The Mental Health (Hospital, Guardianship and Consent to Treatment) (Amendment) Regulations 1996 (S.I. No. 540).

MENTAL HEALTH ACT 1983 SECTION 3

MEDICAL RECOMMENDATION FOR ADMISSION FOR TREATMENT

I [full name and address of practitioner], a registered medical practitioner, recommend that [full name and address of patient] be admitted to a hospital for treatment in accordance with Part II of the Mental Health Act 1983.

I last examined this patient on [date].

<sup>\*</sup>Delete if not applicable. <sup>\*</sup>I had previous acquaintance with the patient before I conducted that examination.

<sup>\*</sup>I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

In my opinion this patient is suffering from - (complete (a) or (b))

<sup>\*\*</sup>The phrase which does not apply must be deleted. (a) mental illness/severe mental impairment<sup>\*\*</sup> and his mental disorder is of a nature or degree which makes it appropriate for him to receive medical treatment in a hospital;

(b) psychopathic disorder/mental impairment<sup>\*\*</sup> and his mental disorder is of a nature or degree which makes it appropriate for him to receive medical treatment in a hospital and such treatment is likely to alleviate or prevent a deterioration of his condition.

This opinion is founded on the following grounds:-

[Give clinical description of the patient's mental condition].

I am of the opinion that it is necessary

- (i) in the interests of the patient's own health
- (ii) in the interests of the patient's own safety
- (iii) with a view to the protection of other persons

that this patient should receive treatment and it cannot be provided unless he is detained under section 3 of the Act, for the following reasons:-

[Reasons should indicate whether other methods of care or treatment (eg, out-patient treatment or local social services authority services) are available and if so why they are not appropriate, and why informal admission is not appropriate].

Signed .....

Date .....

<sup>1</sup> As substituted by The Mental Health (Hospital, Guardianship and Consent to Treatment) (Amendment) Regulations 1996 (S.I. No. 540).

THE MENTAL HEALTH (HOSPITAL, GUARDIANSHIP AND  
CONSENT-TO-TREATMENT) REGULATIONS 1983

B 33

FORM 12<sup>‡</sup>

Regulation 4(1)(g)

MENTAL HEALTH ACT 1983 SECTION 5(2)

REPORT ON HOSPITAL IN-PATIENT

To the Managers of [name of hospital or mental nursing home in which the patient is]

I [full name] am the registered medical practitioner (responsible for the patient's treatment)/the nominee of the registered medical practitioner in charge of the treatment of [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. I hereby report, for the purposes of section 5(2) of the Act, that it appears to me that an application ought to be made under Part II of the Act for this patient's admission to hospital for the following reasons:-

Delete the phrase which does not apply.

[The full reasons why informal treatment is no longer appropriate must be given].

Signed .....  
Date .....  
Time .....

<sup>‡</sup> As substituted by The Mental Health (Hospital, Guardianship and Consent to Treatment) (Amendment) Regulations 1996 (S.I. No. 540).

FORM 13

Regulation 4(1)(h)

RECORD FOR THE PURPOSES OF MENTAL HEALTH ACT 1983 SECTION 5(4)

To the Managers of [name and address of hospital or mental nursing home]  
[Full name of the patient]

It appears to me—

(a) that this patient, who is receiving treatment for mental disorder as an inpatient of this hospital, is suffering from mental disorder to such a degree that it is necessary for the patient's health or safety or for the protection of others for that patient to be immediately restrained from leaving the hospital;

AND

(b) that it is not practicable to secure the immediate attendance of a registered medical practitioner for the purpose of furnishing a report under section 5(2) of the Mental Health Act 1983.

I am [full name of nurse], a nurse registered—

(a) in Part 3 (first level nurse trained in nursing persons suffering from mental illness);

OR

(b) in Part 5 (first level nurse trained in the nursing of persons suffering from mental handicap)

OR

(c) in Part 13 (nurses qualified following a course of preparation in mental health nursing)<sup>1</sup>

OR

(d) in Part 14 (nurses qualified following a course of preparation in mental handicap nursing)<sup>1</sup>

of the professional register.

Signed .....  
Date .....

Delete the phrase which does not apply.

<sup>1</sup> Parts 13 and 14 added w.e.f. 1 October 1993 by the Mental Health (Hospital, Guardianship and Consent to Treatment) Amendment Regulations 1993 (S.I. No. 2156)



MENTAL HEALTH ACT 1983 SECTIONS, 2, 3, 4 AND 5(2)

RECORD OF RECEIPT OF MEDICAL RECOMMENDATION(S)  
AND FORMAL ADMISSION TO HOSPITAL

*(To be attached to the medical recommendation(s) and the application for admission or report)*

[Name of hospital or mental nursing home]

[Full name of patient]

The above named patient was –  
admitted to this hospital on [date]

Statutory documentation relating to this patient's liability to be detained under the Mental Health Act 1983 was received by me on behalf of the managers and the patient was consequently formally detained under section [ ] on [date].

The patient was given information in accordance with section 132 of the Act on [date].

Delete the phrase which does not apply.

The patient's nearest relative/the person authorised to exercise the functions of the nearest relative was informed of the patient's admission on [date].

The local social services authority of the area where the patient resided immediately before admission is [name of authority]. That authority was advised of the patient's admission on [date].

Signed .....  
on behalf of the managers

Date .....

Time .....

<sup>†</sup> As substituted by The Mental Health (Hospital, Guardianship and Consent to Treatment) (Amendment) Regulations 1996 (S.I. No. 540).

MENTAL HEALTH ACT 1983 SECTION 7

RECORD OF RECEIPT OF MEDICAL RECOMMENDATIONS

*(To be attached to the medical recommendation or the joint medical recommendation or, as the case may be, the second medical recommendation)*

[Full name of patient]

This recommendation was received by me on behalf of the authority at [time] on [date] and the patient was received into guardianship on [date].

Signed .....

Date .....

<sup>‡</sup> As substituted by The Mental Health (Hospital, Guardianship and Consent to Treatment) (Amendment) Regulations 1996 (S.I. No. 540).

THE MENTAL HEALTH (HOSPITAL, GUARDIANSHIP AND **B 35**  
CONSENT-TO-TREATMENT) REGULATIONS 1983

FORM 16

Regulation 4(5)

MENTAL HEALTH ACT 1983 SECTION 5(4)

RECORD OF TIME AT WHICH POWER TO DETAIN UNDER MENTAL HEALTH  
ACT 1983 SECTION 5(4) ELAPSED

[Full name of patient]

*Complete (a) or (b) whichever occurred first*

(a) Registered medical practitioner arrived at [time] on [date]

(b) The patient ceased to be detained at [time] on [date].

Signed .....

Status .....

FORM 17 Regulation 5(1)(a)(i) and (b)

MENTAL HEALTH ACT 1983 SECTION 7

GUARDIANSHIP APPLICATION BY NEAREST RELATIVE

PART I

(To be completed by the nearest relative)

To the [name of local social services authority]

I [your full name] of [your address] hereby apply for the reception of [full name of patient] of [address of patient] into the guardianship of [full name and address of proposed guardian] in accordance with Part II of the Mental Health Act 1983.

Complete (a) or (b)

(a) To the best of my knowledge and belief, I am the patient's nearest relative within the meaning of the Act.

I am the patient's [state relationship].

(b) I have been authorised to exercise the functions under the Act of the patient's nearest relative by a county court the patient's nearest relative.

A copy of the authority is attached to this application.

Complete (i) or (ii)

(i) The patient's date of birth is [date]

OR

(ii) I believe the patient is aged 16 years or over.

I last saw the patient on [date].

This application is founded on two medical recommendations in the prescribed form.

If neither of the medical practitioners knew the patient before making their recommendations, please explain why you could not get a recommendation from a medical practitioner who did know the patient:—

Signed .....

Date .....

PART II\*

(To be completed by the proposed guardian)

[Your full name and address]

I am willing to act as the guardian of [name of the patient] in accordance with Part II of the Mental Health Act 1983.

Signed .....

Date .....

Delete the phrase which does not apply.

\*Complete only if proposed guardian is not a local social services authority.

THE MENTAL HEALTH (HOSPITAL, GUARDIANSHIP AND **B 37**  
CONSENT-TO-TREATMENT) REGULATIONS 1983

FORM 18 Regulation 5(1)(a)(ii) and (b)

MENTAL HEALTH ACT 1983 SECTION 7

GUARDIANSHIP APPLICATION BY APPROVED SOCIAL WORKER

PART I

*(To be completed by the approved social worker)*

To the [name of local social services authority]

I [your full name] of [your office address] hereby apply for the reception of [name of patient] of [address of patient] into the guardianship of [full name and address of proposed guardian] in accordance with Part II of the Mental Health Act 1983 as a person suffering from:  
mental illness, mental impairment, severe mental impairment, psychopathic disorder [enter whichever of these is appropriate].

I am an officer of [name of local social services authority] appointed to act as an approved social worker for the purposes of the Act.

*The following section should be deleted if no consultation has taken place*

*Complete (a) or (b)*

(a) I have consulted [name and address] who to the best of my knowledge and belief is the patient's nearest relative within the meaning of the Act;

OR

(b) I have consulted [name and address] who I understand has been authorised by                      a county court                      to exercise the functions under the Act of                      the patient's nearest relative                      the patient's nearest relative. Delete the phrase which does not apply.

That person has not notified me or the local social services authority by whom I am appointed that                       objects to this application being made.

*The following section should be deleted if consultation has taken place*

(a) I have been unable to ascertain who is this patient's nearest relative within the meaning of the Act. Delete whichever do not apply.

OR

(b) To the best of my knowledge and belief this patient has no nearest relative within the meaning of the Act.

OR

(c) [name and address] is

(i) this patient's nearest relative within the meaning of the Act

(ii) authorised to exercise the functions of this patient's nearest relative under the Act Delete the phrase which does not apply.

AND in my opinion it is not reasonably practicable or would involve unreasonable delay to consult that person before making this application.

*The following section must be completed in all cases*

I last saw the patient on [date].

*Complete (i) or (ii)*

(i) The patient's date of birth is [date].

OR

(ii) I believe the patient is aged 16 years or over.

This application is founded on two medical recommendations in the prescribed form.

If neither of the medical practitioners knew the patient before making their recommendations, please explain why you could not get a recommendation from a medical practitioner who did know the patient:—

Signed .....

Date .....

**PART II\***

*(To be completed by the proposed guardian)*

\*Complete only if proposed guardian is not a local social services authority.

I [Your full name and address] am willing to act as the guardian of [name of the patient] in accordance with Part II of the Mental Health Act 1983.

Signed .....

Date .....

THE MENTAL HEALTH (HOSPITAL, GUARDIANSHIP AND CONSENT-TO-TREATMENT) REGULATIONS 1983 **B 39**

FORM 19 Regulation 5(1)(c)(i)

MENTAL HEALTH ACT 1983 SECTION 7

JOINT MEDICAL RECOMMENDATION FOR RECEPTION INTO GUARDIANSHIP

We [full names and addresses of both medical practitioners], registered medical practitioners, recommend that [name and address of patient] be received into guardianship in accordance with Part II of the Mental Health Act 1983.

I [name of first practitioner] last examined this patient on [date].

\*I had previous acquaintance with the patient before I conducted that examination. \*Delete if not applicable.

\*I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

I [name of second practitioner] last examined this patient on [date].

\*(a) I had previous acquaintance with the patient before I conducted that examination.

\*(b) I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

In our opinion this patient is suffering from† of a nature or degree which warrants reception into guardianship under the Act. This opinion is founded on the following grounds:—

[Give clinical description of the patient's mental condition.]

We are of the opinion that it is necessary

- (i) in the interests of the welfare of the patient
- (ii) for the protection of other persons

that the patient should be so received for the following reasons:—  
[Reasons should state why patient cannot appropriately be cared for without powers of guardianship.]

†Insert mental illness, severe mental impairment, psychopathic disorder or mental impairment.

Delete (i) or (ii) unless both apply.

Signed .....

Date .....

Signed .....

Date .....

MENTAL HEALTH ACT 1983 SECTION 7

MEDICAL RECOMMENDATION FOR RECEPTION INTO GUARDIANSHIP

I [full name and address of practitioner], a registered medical practitioner, recommend that [name and address of patient] be received into guardianship in accordance with Part II of the Mental Health Act 1983.

I last examined this patient on [date].

\*Delete if not applicable.

\*I had previous acquaintance with the patient before I conducted that examination.

\*I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

†Insert mental illness, severe mental impairment, psychopathic disorder or mental impairment.

In my opinion this patient is suffering from† of a nature or degree which warrants the patient's reception into guardianship under the Act. This opinion is founded on the following grounds:—

[Give clinical description of the patient's mental condition.]

I am of the opinion that it is necessary

- (i) in the interests of the welfare of the patient
(ii) for the protection of other persons

Delete (i) or (ii) unless both apply.

that the patient should be so received for the following reasons:—
[Reasons should state why patient cannot appropriately be cared for without powers of guardianship.]

Signed .....

Date .....

MENTAL HEALTH ACT 1983 SECTION 7

RECORD OF ACCEPTANCE OF GUARDIANSHIP APPLICATION

(To be attached to the guardianship application)

This application was accepted by/on behalf of the local social services authority on [date].

Signed .....
on behalf of the responsible social services authority

Date .....

The patient was informed of his/her right to apply to a Mental Health Review Tribunal on [date on which patient was informed].

Delete the phrase which does not apply.

The patient's nearest relative/the person authorised to exercise the functions of the nearest relative was informed of the patient's reception into guardianship on [date].

Signed .....
on behalf of the responsible social services authority

Date .....

† As substituted by The Mental Health (Hospital, Guardianship and Consent to Treatment) (Amendment) Regulations 1996 (S.I. No. 540).

THE MENTAL HEALTH (HOSPITAL, GUARDIANSHIP AND CONSENT-TO-TREATMENT) REGULATIONS 1983 **B 41**

FORM 22<sup>†</sup>

Regulation 6(a)

MENTAL HEALTH ACT 1983 SECTION 16

RECLASSIFICATION OF PATIENT DETAINED FOR TREATMENT

PART I

*(To be completed by the responsible medical officer)*

To the Managers of [name of hospital or mental nursing home in which the patient is detained].

[Full name of patient].

I have consulted [give name or names and status of at least one other person] who has/have been professionally concerned with the patient's medical treatment.

It appears to me that this patient who is recorded on the application for admission to this hospital is suffering from (original classification as amended by any previous reclassification) is now suffering from mental illness, severe mental impairment, psychopathic disorder, mental impairment\*.

\*Delete whichever does not apply.

†In my opinion further medical treatment in hospital is likely to alleviate or prevent a deterioration of the patient's condition.

†Delete unless patient is reclassified above as suffering from psychopathic disorder or mental impairment.

Signed .....  
Responsible Medical Officer

Date .....

PART II

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

This report was received by me on behalf of the managers on [date].

The patient was informed of the above report on [date].

The patient's nearest relative/the person authorised to exercise the functions of the nearest relative was informed of the above report on [date].

Delete the phrase which does not apply or both if no known nearest relative.

Signed .....

Date .....

\* As substituted by The Mental Health (Hospital, Guardianship and Consent to Treatment) (Amendment) Regulations 1996 (S.I. No. 540).



FORM 23

Regulation 6(b)

MENTAL HEALTH ACT 1983 SECTION 16

RECLASSIFICATION OF PATIENT UNDER GUARDIANSHIP

PART I

*(To be completed by the appropriate medical officer)*

To [name of guardian]

[Full name of patient]

I have consulted [give name or names and status of at least one other person] who <sup>has</sup>/<sub>have</sub> been professionally concerned with the patient's medical treatment.

\*Insert mental illness, severe mental impairment, psychopathic disorder or mental impairment.  
†Delete whichever does not apply.

This is to inform you that the patient who is recorded on the application for guardianship as suffering from [original classification as amended by any previous reclassification] is now suffering from\*

Signed .....

†Responsible Medical Officer  
Nominated Medical Attendant

Date .....

PART II

*(To be completed by the guardian)*

This report was received by me on [date].

The patient was informed of this report on [date].

‡Delete the phrase which does not apply or both if no known nearest relative, or if the nearest relative is also the guardian.

‡The patient's nearest relative

\_\_\_\_\_ The person authorised to exercise the functions of guardian was informed of the above report on [date].

Signed .....

Guardian (or where guardian is a local social services authority, officer acting on behalf of the authority)

THE MENTAL HEALTH (HOSPITAL, GUARDIANSHIP AND **B 43**  
CONSENT-TO-TREATMENT) REGULATIONS 1983

FORM 24<sup>1</sup>

Regulation 7(2)

MENTAL HEALTH ACT 1983 SECTION 19 AND SCHEDULE I PART II  
AUTHORITY FOR TRANSFER FROM ONE HOSPITAL TO ANOTHER UNDER  
DIFFERENT MANAGERS

PART I

*(To be completed on behalf of the managers of the  
hospital where the patient is detained)*

Authority is hereby given for the transfer of [name of patient] from [name and address of hospital in which the patient is liable to be detained] to [name and address of hospital to which patient is to be transferred] in accordance with the Mental Health (Hospital, Guardianship and Consent to Treatment) Regulations 1983 within 28 days beginning with the date of this authority.

Signed .....  
on behalf of managers of first named hospital

Date .....

PART II

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 transferred to [name of hospital] in pursuance of this authority for transfer on [date of admission to receiving hospital]. The nearest relative was informed on [date].

Signed .....  
on behalf of managers of receiving hospital

Date .....

<sup>1</sup> As substituted by The Mental Health (Hospital, Guardianship and Consent to Treatment) (Amendment) Regulations 1996 (S.I. No. 540).

FORM 25

Regulation 7(3)

MENTAL HEALTH ACT 1983 SECTION 19

AUTHORITY FOR TRANSFER FROM HOSPITAL TO GUARDIANSHIP

PART I

*(To be completed on behalf of the managers of the hospital where the patient is detained)*

Authority is hereby given for the transfer of [name of patient] who is at present liable to be detained in [name and address of hospital] to the guardianship of [name and address of proposed guardian] in accordance with the Mental Health (Hospital, Guardianship and Consent to Treatment) Regulations 1983.

Signed .....  
on behalf of the managers

Date .....

PART II

*(To be completed by the local social services authority which will be responsible if the transfer takes place)*

This transfer was agreed \_\_\_\_\_ by \_\_\_\_\_ the [name of local social services authority] on behalf of \_\_\_\_\_ on [date of confirmation] and the transfer shall take place on [date].

Delete the phrase which does not apply or both if nearest relative is not known.

The patient's nearest relative

The person authorised to exercise the functions of the patient's nearest relative was informed of the transfer on [date].

Signed .....  
on behalf of the local social services authority

Date .....

PART III\*

*(To be completed by the proposed guardian)*

\*Complete only if proposed guardian is not a local social services authority.

I [your full name and address] am willing to act as the guardian of [name of the patient] in accordance with Part II of the Mental Health Act 1983.

Signed .....

Date .....

THE MENTAL HEALTH (HOSPITAL, GUARDIANSHIP AND CONSENT-TO-TREATMENT) REGULATIONS 1983 **B 45**

FORM 26

Regulation 8(2)

MENTAL HEALTH ACT 1983 SECTION 19

AUTHORITY FOR TRANSFER OF A PATIENT FROM THE GUARDIANSHIP OF ONE GUARDIAN TO ANOTHER

PART I

*(To be completed by the present guardian)*

Authority is hereby given for the transfer of [name and address of patient] from the guardianship of [name and address of the present guardian] to the guardianship of [name and address of the proposed guardian] in accordance with the Mental Health (Hospital, Guardianship and Consent to Treatment) Regulations 1983.

Signed .....

Date .....

PART II

*(To be completed by the local social services authority which will be the responsible authority if the transfer takes place)*

This authority for transfer was confirmed by [name of local social services authority] on behalf of [name of local social services authority] on [date] and the transfer shall take place on [date].

The patient's nearest relative

The person authorised to exercise the functions of the patient's nearest relative was informed of the transfer on [date]

Signed .....  
on behalf of the local  
social services authority

Date .....

Delete the phrase which does not apply or both if nearest relative is not known.

PART III\*

*(To be completed by the proposed guardian)*

I [your full name and address] am willing to act as the guardian of [name of the patient] in accordance with Part II of the Mental Health Act 1983.

Signed .....

Date .....

\*Complete only if proposed guardian is not a local social services authority.

**MENTAL HEALTH ACT 1983 SECTION 19**

**AUTHORITY FOR TRANSFER FROM GUARDIANSHIP TO HOSPITAL**

Authority is hereby given for the transfer of [full name and address of patient] who is at present under the guardianship of [name and address of guardian] to [name and address of hospital] in accordance with the Mental Health (Hospital, Guardianship and Consent to Treatment) Regulations 1983.

Signed .....  
on behalf of the  
local social services authority

Date .....

THE MENTAL HEALTH (HOSPITAL, GUARDIANSHIP AND **B 47**  
CONSENT-TO-TREATMENT) REGULATIONS 1983

FORM 28<sup>2</sup>

Regulation 8(3)(b)(i)

MENTAL HEALTH ACT 1983 SECTION 19

JOINT MEDICAL RECOMMENDATION FOR TRANSFER FROM GUARDIANSHIP  
TO HOSPITAL

We [full names and addresses of practitioners], registered medical practitioners, recommend that [full name and address of patient] be transferred from guardianship to hospital in accordance with the Mental Health (Hospital, Guardianship and Consent to Treatment) Regulations 1983 and admitted to a hospital for treatment in accordance with Part II of the Mental Health Act 1983.

I [name of first practitioner] last examined this patient on [date].

\*I had previous acquaintance with the patient before I conducted that examination.

\*Delete if not applicable.

\*I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

I [name of second practitioner] last examined this patient on [date].

\*I had previous acquaintance with the patient before I conducted that examination.

\*Delete if not applicable.

\*I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

In our opinion this patient is suffering from – (complete (a) or (b))

(a) mental illness/severe mental impairment\*\* and his mental disorder is of a nature or degree which makes it appropriate for him to receive medical treatment in a hospital;

\*\*Delete the phrase which does not apply.

(b) psychopathic disorder/mental impairment\*\* and his mental disorder is of a nature or degree which makes it appropriate for him to receive medical treatment in a hospital and such treatment is likely to alleviate or prevent a deterioration of his condition.

This opinion is founded on the following grounds:–

[Give clinical description of the patient's mental condition]

We are of the opinion that it is necessary

- (i) in the interests of the patient's own health
- (ii) in the interests of the patient's own safety
- (iii) with a view to the protection of other persons

Delete the indents not applicable.

that this patient should receive treatment and it cannot be provided unless he is detained under section 3 of the Act, for the following reasons:–

[Reasons should indicate why transfer to hospital is recommended and, where other methods of care or treatment (eg out-patient or local social services authority services) are available, why they are not appropriate, and why informal admission is not appropriate].

Signed .....

Date .....

Signed .....

Date .....

<sup>2</sup> As substituted by The Mental Health (Hospital, Guardianship and Consent to Treatment) (Amendment) Regulations 1996 (S.I. No. 540).

MENTAL HEALTH ACT 1983 SECTION 19

MEDICAL RECOMMENDATION FOR TRANSFER FROM GUARDIANSHIP TO HOSPITAL

I [full name and address of practitioner], a registered medical practitioner, recommend that [full name and address of patient] be transferred from guardianship to hospital in accordance with the Mental Health (Hospital, Guardianship and Consent to Treatment) Regulations 1983 and admitted to a hospital for treatment in accordance with Part II of the Mental Health Act 1983.

I last examined this patient on [date].

\*Delete if not applicable. \*I had previous acquaintance with the patient before I conducted that examination.

\*I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

In my opinion this patient is suffering from - (complete (a) or (b))

\*\*Delete the phrase which does not apply. (a) mental illness/severe mental impairment\*\* and his mental disorder is of a nature or degree which makes it appropriate for him to receive medical treatment in a hospital;

(b) psychopathic disorder/mental impairment\*\* and his mental disorder is of a nature or degree which makes it appropriate for him to receive medical treatment in a hospital and such treatment is likely to alleviate or prevent a deterioration of his condition.

This opinion is founded on the following grounds:-

[Give clinical description of the patient's mental condition]

I am of the opinion that it is necessary

Delete the indents not applicable.

- (i) in the interests of the patient's own health
(ii) in the interests of the patient's own safety
(iii) with a view to the protection of other persons

that this patient should receive treatment and it cannot be provided unless he is detained under section 3 of the Act, for the following reasons:-

[Reasons should indicate why transfer to hospital is recommended and, where other methods of care or treatment (eg out-patient or local social services authority services) are available, why they are not appropriate, and why informal admission is not appropriate].

Signed .....

Date .....

† As substituted by The Mental Health (Hospital, Guardianship and Consent to Treatment) (Amendment) Regulations 1996 (S.I. No. 540).

THE MENTAL HEALTH (HOSPITAL, GUARDIANSHIP AND  
CONSENT-TO-TREATMENT) REGULATIONS 1983

B 49

FORM 30\*

Regulation 10(1) and (3)

MENTAL HEALTH ACT 1983 SECTION 20

RENEWAL OF AUTHORITY FOR DETENTION

PART I

*(To be completed by the responsible medical officer)*

To the Managers of [name of hospital or mental nursing home in which patient is liable to be detained].

I examined [name of patient] on [date of examination] who was admitted to hospital on [date of admittance to hospital under the Mental Health Act 1983].

In my opinion this patient is suffering from – *(complete either (a) or (b) or both)*

*(a)* mental illness/severe mental impairment\* and his mental disorder is of a nature or degree which makes it appropriate for him to receive medical treatment in a hospital and either

\**(i)* such treatment is likely to alleviate or prevent a deterioration of his condition,

or

\**(ii)* the patient, if discharged, is unlikely to be able to care for himself, to obtain the care which he needs or to guard himself against serious exploitation,

*(b)* psychopathic disorder/mental impairment\* and his mental disorder is of a nature or degree which makes it appropriate for him to receive medical treatment in a hospital and such treatment is likely to alleviate or prevent a deterioration of his condition.

\*Delete the phrase which does not apply.

I am of the opinion that it is necessary

- (i)* in the interests of the patient's own health
- (ii)* in the interests of the patient's own safety
- (iii)* with a view to the protection of other persons

Delete the indents not applicable.

that this patient should receive treatment and it cannot be provided unless he continues to be detained under the Act, for the following reasons:–

[Reasons should indicate whether other methods of care or treatment (eg, out-patient treatment or local social services authority services) are available and if so why they are not appropriate, and why informal admission is not appropriate].

Signed .....

Date .....

PART II

*(To be completed by the managers)*

This report has been considered by the managers/persons authorised to act on behalf of the managers, who have decided not to order that the patient be discharged. The patient was informed of the receipt of this report on [date].

Delete the phrase which does not apply or both if nearest relative not known.

The patient's nearest relative/the person authorised to exercise the functions of the patient's nearest relative was informed of this report on [date].

Signed .....  
on behalf of the managers

Date .....

\* As substituted by The Mental Health (Hospital, Guardianship and Consent to Treatment) (Amendment) Regulations 1996 (S.I. No. 540).



MENTAL HEALTH ACT 1983 SECTION 20  
RENEWAL OF AUTHORITY FOR GUARDIANSHIP

PART I

\*Insert mental illness, severe mental impairment, psychopathic disorder or mental impairment.

(To be completed by the responsible medical officer or nominated medical attendant)

To [name of guardian]  
[name of responsible local social services authority if it is not the guardian]

I examined [name of patient] on [date].

I am of the opinion that this patient is suffering from\* of a nature or degree which warrants his reception into guardianship.

Delete (i) or (ii) unless both apply.

- It is necessary
- (i) in the interests of the welfare of the patient
- (ii) for the protection of other persons

that the patient should remain under guardianship under the Act beyond [the date on which authority for guardianship is due to expire if not renewed] for the following reasons:-

[Reasons should indicate why other methods of care are not appropriate]

Signed.....  
†Responsible Medical Officer  
Nominated Medical Attendant

†Delete whichever does not apply.

PART II

(To be completed on behalf of the responsible local social services authority)

This report has been considered by the local social services authority.  
on behalf of  
who have decided not to order that the patient be discharged from guardianship.

The patient was informed of this report on [date]  
The guardian was informed of this report on [date].

Signed.....  
on behalf of the local  
social services authority

Date.....

THE MENTAL HEALTH (HOSPITAL, GUARDIANSHIP AND **B 51**  
CONSENT-TO-TREATMENT) REGULATIONS 1983

FORM 32 Regulations 11(1) and 19(2)

MENTAL HEALTH ACT 1983 SECTION 92(3) OR

SCHEDULE 5, PARAGRAPH 39

CLASSIFICATION OF PATIENT

[Full name of patient]

For the purposes of section 92(3) of/paragraph 39 of Schedule 5 to \* the Mental Health Act 1983 I am of the opinion that this patient is suffering from\*\*

\*Delete the phrase which does not apply.

\*\*Insert mental illness, severe mental impairment, psychopathic disorder or mental impairment.

Signed .....  
Responsible Medical Officer

Date .....

FORM 33 Regulation 11(3) and (4)

MENTAL HEALTH ACT 1983 PART VI

DATE OF RECEPTION OF A PATIENT REMOVED TO ENGLAND AND WALES

[Full name of patient] was \*admitted to [name and address of hospital]  
\*received into the guardianship of [name and address of guardian] \*Delete as appropriate.

on [date].

Signed .....  
on behalf of the \*managers  
\*guardian

Date .....

FORM 34

Regulation 15(1)

MENTAL HEALTH ACT 1983 SECTION 23

DISCHARGE BY NEAREST RELATIVE OF PATIENT LIABLE TO BE DETAINED IN HOSPITAL

To the Managers of [name and address of hospital or mental nursing home where patient is detained]

[Your full name] of [your address]

Complete (a) or (b)

(a) I am to the best of my knowledge and belief the nearest relative within the meaning of the Act of [full name of patient].

(b) I have been authorised to exercise the functions under the Act of the

nearest relative of [full name of patient] by a county court  
the patient's nearest relative.

Delete the phrase which does not apply.

I have given notice in writing to the managers of my intention to discharge the patient.

I hereby order the discharge of the above-named patient.

Signed .....

Date .....

Time .....

FORM 35

Regulation 15(2)

MENTAL HEALTH ACT 1983 SECTION 23

DISCHARGE BY NEAREST RELATIVE OF PATIENT SUBJECT TO GUARDIANSHIP

To the [name of responsible local social services authority]

[Your full name] of [your address]

Complete (a) or (b)

(a) I am to the best of my knowledge and belief the nearest relative within the meaning of the Act of [full name of patient].

(b) I have been authorised to exercise the functions under the Act of the

nearest relative of [full name of patient] by a county court  
the patient's nearest relative.

Delete the phrase which does not apply.

I hereby order the discharge from guardianship of the above-named patient.

Signed .....

Date .....

THE MENTAL HEALTH (HOSPITAL, GUARDIANSHIP AND **B 53**  
CONSENT-TO-TREATMENT) REGULATIONS 1983

FORM 36

Regulation 15(3)

MENTAL HEALTH ACT 1983 SECTION 25

REPORT BARRING DISCHARGE BY NEAREST RELATIVE

PART I

*(To be completed by the responsible medical officer)*

To the Managers of [name of hospital or mental nursing home in which patient is liable to be detained]

[Name of nearest relative] gave notice at [time] on [date] of <sup>his</sup>/<sub>her</sub> intention to discharge [name of patient]. I am of the opinion that the patient, if discharged, would be likely to act in a manner dangerous to other persons or to <sup>himself</sup>/<sub>herself</sub>.

Signed .....  
Responsible Medical Officer

Date .....

PART II

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

This report was received by me on behalf of the managers at [time] on [date].

The patient's nearest relative  
The person exercising the functions of the patient's nearest relative

was informed of this report on [date].

Delete  
the phrase  
which  
does not  
apply.

Signed .....  
on behalf of the managers

Date .....

MENTAL HEALTH ACT 1983 SECTION 57

CERTIFICATE OF CONSENT TO TREATMENT AND SECOND OPINION

*(Both parts of this certificate must be completed)*

PART I

I [full name and address], a registered medical practitioner appointed for the purposes of Part IV of the Act, and we [full name, address and status], being two persons appointed for the purposes of section 57(2)(a) of the Act, certify that [full name and address of patient]

(a) is capable of understanding the nature, purpose and likely effects of [give description of treatment or plan of treatment]

AND

(b) has consented to that treatment.

Signed .....

Date .....

Signed .....

Date .....

Signed .....

Date .....

PART II

I [full name] a registered medical practitioner appointed for the purposes of Part IV of the Act have consulted [full name of nurse], nurse and [full name and status] who have been professionally concerned with the medical treatment of the patient named above and certify that, having regard to the likelihood of the treatment specified above alleviating or preventing a deterioration of the patient's condition, that treatment should be given.

Signed .....

Date .....

THE MENTAL HEALTH (HOSPITAL, GUARDIANSHIP AND **B 55**  
CONSENT-TO-TREATMENT) REGULATIONS 1983  
FORM 38 Regulation 16(2)(b)

MENTAL HEALTH ACT 1983 SECTION 58(3)(a)

CERTIFICATE OF CONSENT TO TREATMENT

I [full name and address] the responsible medical officer  
a registered medical practitioner appointed for  
the purposes of Part IV of the Act

Delete  
the phrase  
which  
does not  
apply

certify that [full name and address of patient]

(a) is capable of understanding the nature, purpose and likely effects of [give  
description of treatment or plan of treatment]

AND

(b) has consented to that treatment.

Signed .....

Date .....

FORM 39 Regulation 16(2)(b)

MENTAL HEALTH ACT 1983 SECTION 58(3)(b)

CERTIFICATE OF SECOND OPINION

I [full name and address], a registered medical practitioner appointed for the  
purposes of Part IV of the Act, have consulted [full name of nurse], nurse and [full  
name and status] who have been professionally concerned with the medical  
treatment of [full name and address of patient].

I certify that the patient—

(a) is not capable of understanding the nature, purpose and likely effects of

Delete  
whichever  
does not  
apply.

OR

(b) has not consented to

[give description of treatment or plan of treatment] but that, having regard to the  
likelihood of that treatment alleviating or preventing a deterioration of the  
patient's condition, it should be given.

Signed .....

Date .....

## SCHEDULE 2

Regulation 20

## REVOCATIONS

Regulations or Order 1	Reference 2	Extent of revocation 3
The Mental Health (Hospital and Guardianship) Regulations 1960 The Mental Health (Hospital and Guardianship) Amendment Regulations 1962	S.I. 1960/1241 S.I. 1962/1593	The whole of the regulations The whole of the regulations
The National Health Service Reorganisation (Consequential Amendments) Order 1974	S.I. 1974/241	The whole of the Order
The Local Authorities (Social Services and Food and Drugs) Order 1974	S.I. 1974/273	Article 3(4)
The Mental Health (Hospital and Guardianship) Amendment Regulations 1975	S.I. 1975/1337	The whole of the regulations
The Health Services Act 1980 (Consequential Amendments) Order 1982	S.I. 1982/288	Paragraph 2 of Schedule 1