

Statutory Document No. 2000/0078

*Mental Health Act 1998*

MENTAL HEALTH REGULATIONS 2000¹

*Approved by Tynwald:**21 March 2000**Coming into Operation:**1 April 2000*

In exercise of the powers conferred on the Department of Health and Social Security by sections 9, 19, 43, 65, 66, 72 and 130 of the Mental Health Act 1998¹, and of all other enabling powers, and after consultation with the Mental Health Commission and with bodies appearing to it to be concerned, the following Regulations are hereby made: —

PART 1

GENERAL

1 Citation and commencement

These Regulations may be cited as the Mental Health Regulations 2000 and subject to section 137(1) of the Act, shall come into operation on 1st April 2000.

2 Interpretation

(1) In these Regulations —

“**the Act**” means the Mental Health Act 1998;

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

“**the Commission**” means the Mental Health Commission;

“**the Department**” means the Department of Health and Social Security;

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

“**private guardian**”, in relation to a patient, means a person, other than the Department, who acts as guardian under the Act;

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

¹ 1998 c.3

- (2) Any reference in these Regulations to —
 - (a) a numbered section is to the section of the Act bearing that number;
 - (b) a numbered form is a reference to the form in the Schedule bearing that number.

3 Documents

- (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 2 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 its 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 2 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 25 for the discharge of a patient who is liable to be detained under Part 2 of the Act, and the notice of such order given under section 27(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 2 of the Act or these Regulations and purporting to be signed by a person required or authorised by or under that Part 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 the managers of a hospital are required to make any record or report, that function may be performed by an officer authorised by those managers in that behalf.

4 Revocation

The Mental Health (Hospital and Guardianship) Regulations 1975² are revoked.

PART 2

PROCEDURES AND RECORDS RELATING TO HOSPITAL ADMISSIONS AND GUARDIANSHIP

5 Procedure for and record of hospital admissions

- (1) For the purposes of admission to hospital under Part 2 of the Act the documents specified in column 1 of the following table shall be in the corresponding form specified in column 2 of the table —

Document	Form
Application for admission for assessment under section 2 made by nearest relative	Form 1
Application for admission for assessment under section 2 made by approved social worker	Form 2
Medical recommendations for the purposes of section 2, made jointly	Form 3
Medical recommendation for the purposes of section 2, not made jointly	Form 4
Emergency application under section 4 made by nearest relative	Form 5
Emergency application under section 4 made by approved social worker	Form 6
Medical recommendation for the purposes of section 4	Form 7
Application for admission for treatment under section 3 made by nearest relative	Form 8
Application for admission for treatment under section 3 made by approved social worker	Form 9
Medical recommendations for purposes of section 3, made jointly	Form 10
Medical recommendation for purposes of section 3, not made jointly	Form 11
Report under section 5(2) by registered medical practitioner in charge of patient's treatment	Form 12
Record made under section 5(4) by nurse of prescribed class	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 section 15(1) to the amendment of the application or any medical recommendation given for the purposes of the application;

² Made 24th November 1975

- (b) to consider the sufficiency of a medical recommendation and, if the recommendation is considered insufficient, to give written notice as required by section 15(2);

and the managers of a mental nursing home, if 2 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 Form 14 and shall be attached to the application or 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 Form 15 and shall be attached to the recommendation.
- (5) The time at which a patient ceased to be detained under section 5(4) or the arrival, if earlier, of the registered medical practitioner having power to furnish a report under section 5(2) shall be recorded in Form 16 by —
- (a) the nurse who made the record required by section 5(4), or
- (b) another nurse of the class prescribed under section 5(4) and authorised by the managers in that behalf.

6 Procedure for and acceptance of guardianship applications

- (1) For the purposes of section 7 (application for guardianship) the documents specified in column 1 of the following table shall be in the corresponding form specified in column 2 of the table —

Document	Form
Application for guardianship made by nearest relative	Part 1 of Form 17
Application for guardianship made by approved social worker	Part 1 of Form 18
Where person other than the Department is named as guardian, the statement by that person that he is willing to act	Part 2 of Form 17 or 18
Medical recommendations, made jointly	Form 19
Medical recommendation, not made jointly	Form 20

- (2) Where such an application is accepted by the Department, the record of acceptance shall be in Form 21 and shall be attached to the application.
- (3) 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 Department in Form 15 and shall be attached to the recommendation.

7 Procedure for and record of reclassification of patients

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 1 of Form 22;
- (b) in the case of a patient subject to guardianship, in the form set out in Part 1 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 2 of Form 22 or 23 respectively.

8 Transfer from hospital to hospital or guardianship

- (1) This regulation applies 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).

- (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 1 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 2 of Form 24.

- (3) A patient to whom this regulation applies may be transferred into the guardianship of the Department, or of any person approved by the Department, where —

- (a) an authority for transfer in the form set out in Part 1 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 Department in the form set out in Part 2 of Form 25;
- (c) the Department 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 the Department, the agreement of that person

has been obtained and recorded in the form set out in Part 3 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 the Department, any authority for transfer required under paragraph (2)(a) or, as the case may be, (3)(a) may be given by an officer of the Department, authorised by the Department, instead of by the managers.
- (5) The functions of the managers under this regulation may be performed by an officer authorised by them in that behalf.

9 Transfer from guardianship to guardianship or hospital

- (1) This regulation applies in respect of any patient who is for the time being subject to guardianship under Part 2 of the Act.
- (2) A patient to whom this regulation applies may be transferred into the guardianship of another person where —
 - (a) an authority for transfer is given by the guardian in the form set out in Part 1 of Form 26;
 - (b) that transfer has been agreed by the Department in the form set out in Part 2 of Form 26;
 - (c) the Department 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 the Department, the agreement of that person has been obtained and recorded in the form set out in Part 3 of Form 26.
- (3) An authority for transfer to hospital of a patient to whom this regulation applies may be given by the Department in Form 27 where —
 - (a) an application for admission for treatment has been made by an approved social worker 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 2 registered medical practitioners in accordance with section 12 —
 - (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 Department 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 Department 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 Form 14 and shall be attached to the application.

10 Conveyance to hospital on transfer

- (1) Where the conditions of regulation 8(2) or 9(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 8(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 9(3) applies, an officer of, or any person authorised by, the Department, 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 9(3)(b).
- (2) Paragraph (1) applies to a patient who 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 8(2).
- (3) In a case to which regulation 8(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.

11 Renewal of authority for detention or guardianship

- (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 1 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 1 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 Department in the form set out in Part 2 of Form 30 or, as the case may be, Form 31.

12 Detention or guardianship after absence without leave for more than 28 days

Any report for the purposes of section 23(2) (authority for detention or guardianship of patients who are taken into custody or return after more than 28 days) shall be —

- (a) in relation to a patient who is liable to be detained, in the form set out in Part 1 of Form 32; and
- (b) in relation to a patient who is subject to guardianship, in the form set out in Part 1 of Form 33;

and the receipt of that report 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 Department in the form set out in Part 2 of Form 32 or, as the case may be, Form 33.

13 Removal to the Isle of Man

- (1) This regulation applies to any patient who is removed to the Island under section 89 or an order under section 92 (patients removed from England and Wales etc.).
- (2) The appropriate medical officer shall record, in Form 34, 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 Form 35 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 Form 35 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 Department of the date mentioned in sub-paragraph (a) and of the particulars mentioned in regulation 14(b) and (e).

PART 3

FUNCTIONS OF GUARDIANS AND NEAREST RELATIVES

14 Duties of private guardians

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 Department 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 the Department may give;
- (d) to furnish the Department with all such reports or other information with regard to the patient as the Department may from time to time require;
- (e) to notify the Department —
 - (i) on the reception of the patient into guardianship, of his address and the address of the patient, and
 - (ii) of any permanent change of either address, before or not later than 7 days after the change takes place;
- (f) in the event of the death of the patient, or the termination of the guardianship by discharge, transfer or otherwise, to notify the Department as soon as reasonably practicable.

15 Visits to patients subject to guardianship

- (1) The Department shall arrange for every patient received into guardianship under Part 2 of the Act to be visited at such intervals as the Department may decide, but in any case at intervals of not more than 3 months.
- (2) At least one such visit in any year shall be made by a practitioner approved by the Department for the purposes of section 12 (general provisions as to medical recommendations).

16 Performance of functions of nearest relative

- (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 37(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 2 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 Department 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 paragraphs (1) to (3) shall exercise the functions mentioned in paragraph (1) on behalf of the nearest relative.

17 Discharge by nearest relative

- (1) Any order made by the nearest relative of the patient under section 25 for the discharge of a patient who is liable to be detained under Part 2 of the Act shall be served upon the managers of the hospital where the patient is liable to be detained and may be in Form 36.
- (2) Any order made by the nearest relative of the patient under section 25 for discharge of a patient subject to guardianship under the Act shall be served upon the Department and may be in Form 37.
- (3) Any report given by the responsible medical officer for the purposes of section 27 (restrictions on discharge by nearest relative) shall be in the form set out in Part 1 of Form 38 and the receipt of that report by the managers of the hospital in which the patient is liable to be detained or by the Department, as the case may be, shall be in the form set out in Part 2 of Form 38.

PART 4

AFTER-CARE UNDER SUPERVISION

18 Supervision applications and related matters

For the purposes of after-care under supervision under Part 2 of the Act the documents specified in column 1 of the following table shall be in the corresponding form specified in column 2 of the table —

Document	Form
Supervision application under section 28	Form 39
Medical recommendation under section 29(6)(a)	Form 40
Recommendation of approved social worker under section 29(6)(b)	Form 41
Report furnished under section 33(1) (reclassification of patient)	Form 42
Report furnished under section 34(3) (renewal of after-care under supervision)	Part 1 of Form 43
Renewal of after-care under supervision under section 34(7)	Part 2 of Form 43
Direction under section 35(1) (ending of after-care under supervision)	Form 44

PART 5

CONSENT TO TREATMENT

19 Consent to treatment

- (1) In addition to the treatment mentioned in section 65(1)(a) (any surgical operation for destroying brain tissue or for destroying the functioning of brain tissue), section 65 (treatment requiring consent and a second opinion) shall apply to the surgical implantation of hormones for the purpose of reducing male sexual drive.
- (2) The certificates required for the purposes of section 65(2)(a) and (b) shall be in Form 45.
- (3) In addition to the administration of medicine mentioned in section 66(1)(b), section 66 (treatment requiring consent or a second opinion) shall apply to electro-convulsive therapy.
- (4) The certificates required for the purposes of section 66(3)(a) and (b) shall be in Forms 46 and 47 respectively.

PART 6

CORRESPONDENCE OF PATIENTS

20 Inspection and opening of postal packets

- (1) Where under section 130(2) (inspection and opening of postal packets addressed by patients in hospital) any postal packet is inspected and opened, but neither the packet nor anything contained in it is withheld under section 130(1), the person who so inspected and opened it, being a person appointed under section 130(4) 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 130(1) 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, andand shall, before resealing the packet, place the record in that packet.

MADE 14 JANUARY 2000

SCHEDULE

Regulation 2(2)(b)

FORMS**FORM 1**

Regulation 5(1)

MENTAL HEALTH ACT 1998 SECTION 2**APPLICATION BY NEAREST RELATIVE FOR ADMISSION FOR ASSESSMENT**

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

I [*full name and address*]

hereby apply for the admission of [*full name and address of patient*]
for assessment in accordance with Part 2 of the Mental Health Act 1998.

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 *[the High Court] [the patient's nearest relative].

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 _____

*Delete whichever does not apply.

FORM 2

Regulation 5(1)

MENTAL HEALTH ACT 1998 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 [full name and office address]

hereby apply for the admission of [full name and address of patient]

for assessment in accordance with Part 2 of the Mental Health Act 1998.

I am an officer of the Department of Health and Social Security appointed to act as an approved social worker for the purposes of the Act.

Indicate clearly below whether the nearest relative is known or not

Complete the following section if nearest relative known

Indicate whether (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.

* [I have] [I 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 *[the High Court] [the patient's nearest relative] to exercise the functions under the Act of the patient's nearest relative.

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

Complete the following section if nearest relative not known

Indicate whether (a) or (b) is applicable

(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.

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

*Delete whichever does not apply.

FORM 3

Regulation 5(1)

MENTAL HEALTH ACT 1998 SECTION 2**JOINT MEDICAL RECOMMENDATION FOR ADMISSION FOR ASSESSMENT**

THIS FORM MUST ONLY BE COMPLETED IF BOTH DOCTORS ARE PRESENT

We [*full names and professional 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 2 of the Mental Health Act 1998.

I [*name of first 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 Department of Health and Social Security 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 Department of Health and Social Security 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 or degree which warrants the detention of the patient in a hospital for assessment

AND

- (b) that this patient ought to be so detained —
†in the interests of the patient's own health
†in the interests of the patient's own safety
†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

Signed

Date

*Delete if not applicable.

†Delete whichever does not apply.

FORM 4

Regulation 5(1)

MENTAL HEALTH ACT 1998 SECTION 2**MEDICAL RECOMMENDATION FOR ADMISSION FOR ASSESSMENT**I *[full name and professional 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 2 of the Mental Health Act 1998.

I last examined this patient on *[date]*.

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

*I have been approved by the Department of Health and Social Security 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 —
- †(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

*Delete if not applicable.

†Delete whichever does not apply.

FORM 5

Regulation 5(1)

MENTAL HEALTH ACT 1998 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 [*full name and address*]

hereby apply for the admission of [*full name and address of patient*]

for assessment in accordance with Part 2 of the Mental Health Act 1998.

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 *[the High Court] [the patient's nearest relative].

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 2 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

*Delete whichever does not apply.

FORM 6

Regulation 5(1)

MENTAL HEALTH ACT 1998 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 [*full name and office address*]hereby apply for the admission of [*full name and address of patient*]

for assessment in accordance with Part 2 of the Mental Health Act 1998.

I am an officer of the Department of Health and Social Security 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 2 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

*Delete whichever does not apply.

FORM 7

Regulation 5(1)

MENTAL HEALTH ACT 1998 SECTION 4

MEDICAL RECOMMENDATION FOR EMERGENCY ADMISSION FOR
ASSESSMENT

THIS FORM IS TO BE USED ONLY FOR AN EMERGENCY APPLICATION

I [name and professional 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 2 of the Mental Health Act 1998.

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

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

*I have been approved by the Department of Health and Social Security 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

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 2 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

Signed

Date

Time

*Delete if not applicable

†Delete whichever does not apply.

FORM 8

Regulation 5(1)

MENTAL HEALTH ACT 1998 SECTION 3

APPLICATION BY NEAREST RELATIVE FOR ADMISSION FOR TREATMENT

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

I [*full name and address*]

hereby apply for the admission of [*full name and address of patient*]

for treatment in accordance with Part 2 of the Mental Health Act 1998.

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 *[the High Court] [the patient's nearest relative].

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

*Delete whichever does not apply.

FORM 9

Regulation 5(1)

MENTAL HEALTH ACT 1998 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 *[full name and office address]*

hereby apply for the admission of *[full name and address of patient]*

for treatment in accordance with Part 2 of the Mental Health Act 1998 as a person suffering from:

**[mental illness]*

[mental impairment]

[severe mental impairment]

[psychopathic disorder]

I am an officer of the Department of Health and Social Security appointed to act as an approved social worker for the purposes of the Act.

Indicate clearly below whether the nearest relative has 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 has not notified me or the Department of Health and Social Security that **[he][she]* objects to this application being made.

OR

(b) I have consulted [name and address]

who I understand has been authorised by **[the High Court]* *[the patient's nearest relative]* to exercise the functions under the Act of the patient's nearest relative.

That person has not notified me or the Department of Health and Social Security 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

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

is *[the patient's nearest relative within the meaning of the Act][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

*Delete whichever does not apply.

FORM 10

Regulation 5(1)

MENTAL HEALTH ACT 1998 SECTION 3

JOINT MEDICAL RECOMMENDATION FOR ADMISSION FOR TREATMENT

*THIS FORM MUST ONLY BE COMPLETED IF BOTH DOCTORS ARE PRESENT*We *[full names and professional 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 2 of the Mental Health Act 1998.

I *[name of first 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 Department of Health and Social Security 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 Department of Health and Social Security 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;
- (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) for 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 (e.g. out-patient treatment or DHSS social services) are available and if so why they are not appropriate, and why informal admission is not appropriate.

Signed

Date

Signed

Date

*Delete if not applicable

†Delete whichever does not apply.

FORM 11

Regulation 5(1)

MENTAL HEALTH ACT 1998 SECTION 3

MEDICAL RECOMMENDATION FOR ADMISSION FOR TREATMENT

I [full name and professional 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 2 of the Mental Health Act 1998.

I last examined this patient on [date].

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

*I have been approved by the Department of Health and Social Security 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))

- (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 —

- †(i) in the interests of the patient's own health
- (ii) in the interests of the patient's own safety
- (iii) for 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 (e.g. out-patient treatment or DHSS social services) are available and if so why they are not appropriate, and why informal admission is not appropriate.

Signed

Date

*Delete if not applicable

†Delete whichever does not apply.

FORM 12

Regulation 5(1)

MENTAL HEALTH ACT 1998 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] [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 1998.

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 2 of the Act for this patient's admission to hospital for the following reasons: —

(*The full reason why informal treatment is no longer appropriate must be given*)

Signed

Date

Time

*Delete whichever does not apply.

FORM 13

Regulation 5(1)

RECORD FOR THE PURPOSES OF MENTAL HEALTH ACT 1998 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 in-patient 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 1998.

I am [*full name of nurse*]

a nurse registered in

*[Part 3 (first level nurse trained in nursing persons suffering from mental illness)]

[Part 4 (second level nurses trained in the nursing of persons suffering from mental illness (England and Wales))]

[Part 5 (first level nurses trained in the nursing of persons suffering from learning disabilities)]

[Part 6 (second level nurses trained in the nursing of persons suffering from learning disabilities (England and Wales))]

[Part 13 (nurses qualified following a course of preparation in mental health nursing)]

[Part 14 (nurses qualified following a course of preparation in learning disabilities nursing)]

of the professional register.

Signed

Date

Time

*Delete whichever does not apply.

FORM 14

Regulation 5(3)

MENTAL HEALTH ACT 1998 SECTIONS 2, 3, 4 AND 5(2)**RECORD OF ADMISSION**

(To be attached to the medical recommendations and the application for admission or report)

[Name of hospital or mental nursing home]

[Full name of patient]

The patient named above was — *(complete (a) or (b))*

- (a)* admitted to this hospital in pursuance of this application on *[date]*
- (b)* already in this hospital on the date of the application or report and the application or report was received by me on behalf of the managers on *[date]*.

Statutory documentation relating to this patient's liability to be detained under the Mental Health Act 1998 was received by me on behalf of the managers and the patient was in consequence formally detained under section [] on *[date]*.

The patient was given information in accordance with section 128 of the Act on *[date]*.

*[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 Department of Health and Social Security was advised of the patient's admission on *[date]*.

Signed

On behalf of the managers

*Delete whichever does not apply

FORM 15

Regulations 5(4) and 6(3)

MENTAL HEALTH ACT 1998 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 Department of Health and Social Security at *[time]* on *[date]* and the patient was received into guardianship on *[date]*

Signed

Date

FORM 16

Regulation 5(5)

MENTAL HEALTH ACT 1998 SECTION 5(4)**RECORD OF TIME AT WHICH POWER TO DETAIN UNDER****MENTAL HEALTH ACT 1998 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

Date

Status

FORM 17

Regulation 6(1)

MENTAL HEALTH ACT 1998 SECTION 7**GUARDIANSHIP APPLICATION BY NEAREST RELATIVE****PART 1***(To be completed by the nearest relative)*

To the Department of Health and Social Security

I *[full name and address]*hereby apply for the reception of *[full name and address of patient]*into the guardianship of *[full name and address of proposed guardian]*

in accordance with Part 2 of the Mental Health Act 1998.

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 **[the High 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

**Delete whichever does not apply.*

PART 2†

(To be completed by the proposed guardian)

I *[full name and address]*

am willing to act as the guardian of *[name of the patient]*

in accordance with Part 2 of the Mental Health Act 1998.

Signed

Date

†Complete only if proposed guardian is not the Department of Health and Social Security.

FORM 18

Regulation 6(1)

MENTAL HEALTH ACT 1998 SECTION 7**GUARDIANSHIP APPLICATION BY APPROVED SOCIAL WORKER****PART 1***(To be completed by the approved social worker)*

To the Department of Health and Social Security

I [full name and office address]

hereby apply for the reception of [full name and address of patient]

into the guardianship of [full name and address of proposed guardian]

in accordance with Part 2 of the Mental Health Act 1998 as a person suffering from:

*[mental illness]

[mental impairment]

[severe mental impairment]

[psychopathic disorder]

I am an officer of the Department of Health and Social Security 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 *[the High Court][the patient's nearest relative] to exercise the functions under the Act of the patient's nearest relative.

That person has not notified me or the Department of Health and Social Security that *[he][she] 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.

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 *[the patient's nearest relative within the meaning of the Act]
[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].

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

*Delete whichever do not apply

PART 2†

(To be completed by the proposed guardian.)

I [full name and address]

am willing to act as the guardian of [full name of the patient]

in accordance with Part 2 of the Mental Health Act 1998.

Signed

Date

†Complete only if proposed guardian is not the Department of Health and Social Security

FORM 19

Regulation 6(1)

MENTAL HEALTH ACT 1998 SECTION 7

JOINT MEDICAL RECOMMENDATION FOR RECEPTION INTO
GUARDIANSHIP

We [*full names and professional addresses of both medical practitioners*]

registered medical practitioners, recommend that [*full name and address of patient*]

be received into guardianship in accordance with Part 2 of the Mental Health Act 1998.

I [*name of first 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 Department of Health and Social Security 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 Department of Health and Social Security 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

*[*mental illness*]

[*mental impairment*]

[*severe mental impairment*]

[*psychopathic disorder*]

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.

Signed

Date

Signed

Date

*Delete if not applicable

†Delete whichever does not apply

††Delete (i) or (ii), unless both apply

FORM 20

Regulation 6(1)

MENTAL HEALTH ACT 1998 SECTION 7

MEDICAL RECOMMENDATION FOR RECEPTION INTO GUARDIANSHIP

I *[full name and professional address of practitioner]*

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

be received into guardianship in accordance with Part 2 of the Mental Health Act 1998.

I last examined this patient on *[date]*.

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

*I have been approved by the Department of Health and Social Security 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

* *[mental illness]*

[mental impairment]

[severe mental impairment]

[psychopathic disorder]

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

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

*Delete if not applicable

†Delete whichever does not apply.

††Delete (i) or (ii), unless both apply

FORM 21

Regulation 6(2)

MENTAL HEALTH ACT 1998 SECTION 7**RECORD OF ACCEPTANCE OF GUARDIANSHIP APPLICATION***(To be attached to the guardianship application)*

This application was accepted on behalf of the Department of Health and Social Security on *[date]* .

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

* [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

Date

On behalf of the Department of Health and Social Security

*Delete whichever does not apply.

FORM 22

Regulation 7

MENTAL HEALTH ACT 1998 SECTION 16**RECLASSIFICATION OF PATIENT DETAINED FOR TREATMENT****PART 1**

(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 [*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 as suffering from [*original classification as amended by any previous reclassification*] is now suffering from

*[mental illness]

[mental impairment]

[severe mental impairment]

[psychopathic disorder]

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

Signed

Date

Responsible Medical Officer

*Delete whichever does not apply

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

PART 2

(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]* .

Signed

Date

*Delete whichever does not apply (or both, if no known nearest relative).

FORM 23

Regulation 7

MENTAL HEALTH ACT 1998 SECTION 16**RECLASSIFICATION OF PATIENT UNDER GUARDIANSHIP****PART 1**

(To be completed by the appropriate medical officer)

To *[name of guardian]*

[Full name of patient]

I have consulted *[name or names and status of at least one other person]*

who **[has][have]* been professionally concerned with the patient's medical treatment.

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

**[mental illness]*

[mental impairment]

[severe mental impairment]

[psychopathic disorder]

Signed

Date

**[Responsible Medical Officer] [Nominated Medical Attendant]*

**Delete whichever does not apply.*

PART 2

(To be completed by the guardian)

This report was received by me on *[date]*.

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

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

Signed

Date

Guardian (or where guardian is the DHSS, officer acting on behalf of the DHSS)

*Delete whichever does not apply (or both, if no known nearest relative, or if nearest relative is also the • guardian)

FORM 24

Regulation 8(2)

MENTAL HEALTH ACT 1998 SECTION 19**AUTHORITY FOR TRANSFER FROM ONE HOSPITAL TO ANOTHER UNDER
DIFFERENT MANAGERS****PART 1***(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 Regulations 2000 within 28 days beginning with the date of this authority.

Signed

Date

on behalf of managers of first named hospital

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 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

Date

on behalf of managers of receiving hospital

FORM 25

Regulation 8(3)

MENTAL HEALTH ACT 1998 SECTION 19**AUTHORITY FOR TRANSFER FROM HOSPITAL TO GUARDIANSHIP****PART 1***(To be completed on behalf of the managers of the hospital where the patient is detained)*Authority is hereby given for the transfer of *[full 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 Regulations 2000.

Signed

Date

on behalf of the managers

PART 2*(To be completed by the Department of Health and Social Security)*This transfer was agreed on behalf of the Department of Health and Social Security on *[date of confirmation]* 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

Date

on behalf of the Department of Health and Social Security

*Delete whichever does not apply (or both, if nearest relative is not known)

PART 3**(To be completed by the proposed guardian)*I *[full name and address]*am willing to act as the guardian of *[full name of the patient]*

in accordance with Part 2 of the Mental Health Act 1998.

Signed

Date

*Complete only if proposed guardian is not the Department of Health and Social Security

FORM 26

Regulation 9(2)

MENTAL HEALTH ACT 1998 SECTION 19**AUTHORITY FOR TRANSFER OF A PATIENT FROM THE GUARDIANSHIP OF
ONE GUARDIAN TO ANOTHER****PART 1***(To be completed by the present guardian)*Authority is hereby given for the transfer of *[full name and address of patient]*from the guardianship of *[name and address of present guardian]*to the guardianship of *[name and address of proposed guardian]*

in accordance with the Mental Health Regulations 2000.

Signed

Date

PART 2*(To be completed by the Department of Health and Social Security)*This authority for transfer was confirmed by the Department of Health and Social Security 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

Date

On behalf of the Department of Health and Social Security

*Delete whichever does not apply (or both, if nearest relative is not known)

PART 3**(To be completed by the proposed guardian)*I *[full name and address]*am willing to act as the guardian of *[full name of the patient]*

in accordance with Part 2 of the Mental Health Act 1998.

Signed

Dated

*Complete only if proposed guardian is not the Department of Health and Social Security

FORM 27

Regulation 9(3)

MENTAL HEALTH ACT 1998 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 Regulations 2000.

Signed

Date

on behalf of the Department of Health and Social Security

FORM 28

Regulation 9(3)(b)(i)

MENTAL HEALTH ACT 1998 SECTION 19

JOINT MEDICAL RECOMMENDATION FOR TRANSFER FROM
GUARDIANSHIP TO HOSPITAL

We *[full names and professional 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 Regulations 2000 and admitted to a hospital for treatment in accordance with Part 2 of the Mental Health Act 1998.

I *[name of first 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 Department of Health and Social Security 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 Department of Health and Social Security 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;
- (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) for 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 (e.g. out-patient treatment or DHSS social services) are available, why they are not appropriate, and why informal admission is not appropriate.

Signed _____ Date _____

Signed _____ Date _____

*Delete if not applicable

†Delete whichever does not apply

FORM 29

Regulation 9(3)(b)(ii)

MENTAL HEALTH ACT 1998 SECTION 19

MEDICAL RECOMMENDATION FOR TRANSFER FROM GUARDIANSHIP TO HOSPITAL

I *[full name and professional 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 Regulations 2000 and admitted to a hospital for treatment in accordance with Part 2 of the Mental Health Act 1998.

I last examined this patient on *[date]*.

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

*I have been approved by the Department of Health and Social Security 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))*

- (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

- †(i) in the interests of the patient's own health
- (ii) in the interests of the patient's own safety
- (iii) for 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 (e.g. out-patient treatment or DHSS social services) are available, why they are not appropriate, and why informal admission is not appropriate.

Signed

Date

*Delete if not applicable

†Delete whichever does not apply

FORM 30

Regulation 11(1)

MENTAL HEALTH ACT 1998 SECTION 20

RENEWAL OF AUTHORITY FOR DETENTION

PART 1

(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 [full name of patient]

on [date of examination] who was admitted to hospital on [date of admission].

In my 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 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.

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) for the protection of other persons

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 (e.g. out-patient treatment or DHSS social services) are available and if so why they are not appropriate, and why informal admission is not appropriate.]

Signed.....

Date.....

*Delete whichever does not apply

PART 2

(To be completed by the managers)

This report has been considered by the 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]*.

*[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

Date

on behalf of the managers

*Delete whichever does not apply (or both, if nearest relative not known)

FORM 31

Regulation 11(2)

MENTAL HEALTH ACT 1998 SECTION 20**RENEWAL OF AUTHORITY FOR GUARDIANSHIP****PART 1***(To be completed by the responsible medical officer or nominated medical attendant)*

To [name of guardian]
Department of Health and Social Security *(if it is not the guardian)*

I examined [full name of patient]

on [date].

I am of the opinion that this patient is suffering from

*[mental illness]
[mental impairment]
[severe mental impairment]
[psychopathic disorder]

of a nature or degree which warrants his reception into guardianship.

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 [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 _____ Date _____

*[Responsible Medical Officer] [Nominated Medical Attendant]

*Delete whichever does not apply

PART 2*(To be completed on behalf of Department of Health and Social Security)*

This report has been considered on behalf of the Department of Health and Social Security, 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

Date

on behalf of the Department of Health and Social Security

FORM 32

Regulation 12

MENTAL HEALTH ACT 1998 SECTION 23

AUTHORITY FOR DETENTION AFTER ABSENCE WITHOUT LEAVE FOR MORE
THAN 28 DAYS

PART 1

(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 *[full name and professional address of practitioner]*

a registered medical practitioner, examined *[full name of patient]*

on *[date of examination]* who —

- (a) was admitted to hospital on *[date of admission under the Mental Health Act 1998]* ;
- (b) was absent without leave from hospital or the place where he ought to have been beginning on *[date absence without leave began]* ;
- (c) **[was][is]* liable to be detained for a period ending on *[date authority for detention would have expired apart from any extension under section 21, or date on which it will expire]* ; and
- (d) **[returned][was returned]* to the hospital or place on *[date]* .

In my opinion the 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 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.

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) for the protection of other persons

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 (e.g. out-patient treatment or DHSS social services) are available and if so why they are not appropriate, and why informal admission is not appropriate.

This report *[shall][shall not] have effect as a report duly furnished under section 20(3) for the renewal of the authority for the detention of the patient.

The above declaration should be completed if the authority for the detention of the patient is due to expire within a period of 2 months beginning with the date the report is to be furnished to the managers.

Signed _____ Date.....

*Delete whichever does not apply

PART 2

(To be completed by the managers)

This report has been considered by the 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].

*[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 _____ Date _____

on behalf of the managers

*Delete whichever does not apply (or both, if nearest relative not known)

FORM 33

Regulation 12

MENTAL HEALTH ACT 1983 SECTION 23

AUTHORITY FOR GUARDIANSHIP AFTER ABSENCE WITHOUT LEAVE FOR
MORE THAN 28 DAYS

PART 1

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

To [name of guardian]

Department of Health and Social Security *(if not the guardian)*

I [full name and professional address of practitioner]

a registered medical practitioner, examined [full name of patient]

on [date of examination] who —

- (a) was received into guardianship on [date] ;
- (b) was absent without leave from the place where he was required to reside beginning on [date absence without leave began] ;
- (c) *[was][is] subject to guardianship for a period ending on [date guardianship would have expired apart from any extension under section 21, or date on which it will expire] ; and
- (d) *[returned][was returned] to that place on [date].

In my opinion the patient is suffering from

*[mental illness]
[mental impairment]
[severe mental impairment]
[psychopathic disorder]

of a nature or degree which warrants the continuation of the guardianship.

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) for the protection of other persons

that the patient should remain under guardianship for the following reasons: _

Reasons should indicate why other methods of care are not appropriate.

This report *[shall][shall not] have effect as a report duly furnished under section 20(3) for the renewal of the authority for the guardianship of the patient.

The above declaration should be completed if the authority for the guardianship of the patient is due to expire within a period of 2 months beginning with the date the report is to be furnished to the DHSS.

Signed _____ Date.....

*Delete whichever does not apply

PART 2

(To be completed by the Department of Health and Social Security)

This report has been considered on behalf of the Department of Health and Social Security which has decided not to order that the patient be discharged from guardianship.

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

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

Signed _____ Date _____

on behalf of the Department of Health and Social Security

FORM 34

Regulation 13(1)

MENTAL HEALTH ACT 1998 SECTION 89(6)

CLASSIFICATION OF PATIENT

[Full name of patient]

For the purposes of section 89(6) of the Mental Health Act 1998 I am of the opinion that this patient is suffering from

* [mental illness]

[mental impairment]

[severe mental impairment]

[psychopathic disorder]

Signed

Date

Responsible Medical Officer

*Delete whichever does not apply

FORM 35

Regulation 13(4)

MENTAL HEALTH ACT 1998 PART VI**DATE OF RECEPTION OF A PATIENT REMOVED TO THE ISLE OF MAN***[Full name of patient]*

was *[admitted to *[name and address of hospital]*][received into the guardianship of *[name and address of guardian]*] on *[date]* .

Signed

Date

*[On behalf of] *[managers]*[Guardian]

*Delete whichever does not apply

FORM 36

Regulation 17(1)

MENTAL HEALTH ACT 1998 SECTION 25**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 and 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 *[the High Court][the patient's nearest relative].

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

*Delete whichever does not apply

FORM 37

Regulation 17(2)

MENTAL HEALTH ACT 1998 SECTION 25**DISCHARGE BY NEAREST RELATIVE OF PATIENT SUBJECT TO
GUARDIANSHIP**

To the Department of Health and Social Security

*[Your full name and 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 **[the High Court][the patient's nearest relative]*.

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

Signed

Date

**Delete whichever does not apply*

FORM 38

Regulation 17(3)

MENTAL HEALTH ACT 1998 SECTION 27**REPORT BARRING DISCHARGE BY NEAREST RELATIVE****PART 1***(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]*] [Department of Health and Social Security *(in case of patient subject to guardianship)*]

[*Name of nearest relative*] gave notice at [*time*] on [*date*] of *[his][her] 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 *[himself][herself].

Signed _____ Date _____

Responsible Medical Officer

*Delete whichever does not apply

PART 2*(To be completed on behalf of the managers or the DHSS)*

This report was received by me on behalf of the [managers] [Department of Health and Social Security] 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*].

Signed _____ Date _____

on behalf of the *[managers] [Department of Health and Social Security]

*Delete whichever does not apply

FORM 39

Regulation 18

MENTAL HEALTH ACT 1998 SECTION 28**SUPERVISION APPLICATION****PART 1**

I [*full name and professional address of responsible medical officer*]

am the responsible medical officer of [*full name and address of patient*]

who is currently liable to be detained in pursuance of an application for admission for treatment in [*name and address of hospital*]

*The patient's date of birth is

*The patient's exact date of birth is unknown by the patient is believed to have attained the age of 16.

I hereby apply for the above named patient to be subject to after-care under supervision in accordance with Part 2 of the Mental Health Act 1998.

MENTAL DISORDER

In my opinion the patient is suffering from —

*[mental illness]

[mental impairment]

[severe mental impairment]

[psychopathic disorder]

This opinion is founded on the following grounds: —

Give clinical description of the patient's condition

NEED FOR AFTER-CARE UNDER SUPERVISION

I am of the opinion that after-care under supervision is necessary for this patient because —

(a) the patient is suffering from mental disorder, as specified above;
and

(b) if the patient did not receive section 115 after-care there would be a substantial risk of —

*serious harm to the patient's health

serious harm to the patient's safety

serious harm to the safety of other persons

serious exploitation of the patient

because *[state reasons]*

and

- (c) such supervision is likely to help secure that the patient receives section 115 after-care services because *[state reasons]*

CONSULTATION

The following people have been consulted about the making of this application and I have taken account of the views they have expressed: —

[names, addresses and designations of those consulted]

Any separate sheet on which this statement is continued shall be deemed to be part of the application.

AFTER-CARE DETAILS

I attach details of the after-care services to be provided for this patient.

I consider that the patient should be subject to the following requirements: —

[specify proposed requirements]

The following person will be the patient's community responsible medical officer and will be in charge of the medical treatment to be provided for the patient as part of the after-care services to be provided under section 115 of the Act —

*myself

[full name and professional address of proposed community responsible medical officer]

and a written statement from this person to that effect is attached at Part 2.

The following person will be the patient's supervisor and will supervise the patient with a view to ensuring that the patient receives the after-care services to be provided under section 115 of the Act, —

*myself

[full name, address and profession of proposed supervisor]

and a written statement from this person to that effect is attached at Part 2.

This application is accompanied by two recommendations in the prescribed forms from an approved social worker and the responsible medical officer.

Signed

Date

*Delete whichever does not apply

PART 2

A. STATEMENT BY PROPOSED COMMUNITY RESPONSIBLE MEDICAL OFFICER

This must be completed in all cases, including where the applicant is to be the patient's community responsible medical officer.

I *[full name and professional address of practitioner]*

am a registered medical practitioner approved for the purposes of section 12 of the Mental Health Act 1998 as having special experience in the diagnosis or treatment of mental disorder. I will be the community responsible medical officer of the patient specified in Part 1 of this form and will be in charge of the medical treatment to be provided for the patient as part of the after-care services to be provided under section 115 of the Act.

Signed

Date

B. STATEMENT BY PROPOSED SUPERVISOR

(This must be completed in all cases, including where the applicant is to be the patient's supervisor.)

I *[full name, professional address and profession of proposed supervisor]*

will be the supervisor of the patient specified in Part 1 of this form and will supervise the patient with a view to ensuring that the patient receives the after-care services to be provided under section 115 of the Mental Health Act 1998.

Signed

Date

PART 3

To be completed on behalf of the Department.

This application was received by me on [date] accompanied by the required recommendations.

The patient was informed orally about the acceptance of this application and the effect in his case of becoming a person subject to after-care under supervision by [name] on [date] and in writing on [date]

*The patient's nearest relative [name and address]

*was informed in writing on [date]

has not been informed because —

*this was not practicable

the patient objected

The patient has no known nearest relative

The following *[person][persons], not being professionally concerned with the after-care services to be provided, *[is][are] believed to play a substantial part in the care of the patient:

[name(s) and address(es)]

and have been informed about the acceptance of this application.

The patient's RMO [name] was informed on [date]

The patient's community RMO [name] was informed on [date]

The patient's supervisor [name] was informed on [date]

The patient's GP [name] was informed on [date]

Signed

Date

On behalf of the Department of Health and Social Security

*Delete whichever does not apply

FORM 40

Regulation 18

MENTAL HEALTH ACT 1998 SECTION 29

MEDICAL RECOMMENDATION FOR AFTER-CARE UNDER SUPERVISION

I *[full name and professional address of practitioner]*

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

who is currently liable to be detained in *[name and address of hospital]*

be subject to after-care under supervision in accordance with Part 2 of the Mental Health Act 1998.

MENTAL DISORDER

In my opinion the patient is suffering from —

**[mental illness]*

[mental impairment]

[severe mental impairment]

[psychopathic disorder]

This opinion is founded on the following grounds: —

Give clinical description of the patient's condition

NEED FOR AFTER-CARE UNDER SUPERVISION

I am of the opinion that (having regard in particular to the patient's history) after-care under supervision is necessary for this patient because —

(a) the patient is suffering from mental disorder, as specified above;
and

(b) if the patient did not receive section 115 after-care there would be a substantial risk of —

*serious harm to the patient's health

serious harm to the patient's safety

serious harm to the safety of other persons

serious exploitation of the patient

because *[state reasons]*

and

(c) such supervision is likely to help secure that the patient receives section 115 after-care services because *[state reasons]*

Signed

Date

*Delete whichever does not apply

FORM 41

Regulation 18

MENTAL HEALTH ACT 1998 SECTION 29

APPROVED SOCIAL WORKERS RECOMMENDATION FOR AFTER-CARE
UNDER SUPERVISION

I [*full name and professional address of approved social worker*]

am an officer of the Department of Health and Social Security appointed to act as an approved social worker under the Mental Health Act 1998.

I recommend that [*full name and address of patient*]

who is currently liable to be detained in [*name and address of hospital*]

be subject to after-care under supervision in accordance with Part 2 of the Mental Health Act 1998.

I last interviewed the patient on [*date*]

I am of the opinion that (having regard in particular to the patient's history) after-care under supervision is necessary for this patient because —

- (a) if the patient did not receive section 115 after-care there would be a substantial risk of —

*serious harm to the patient's health

serious harm to the patient's safety

serious harm to the safety of other persons

serious exploitation of the patient

because [*state reasons*]

and

- (b) such supervision is likely to help secure that the patient receives section 115 after-care services because [*state reasons*]

Signed

Date

*Delete whichever does not apply

FORM 42

Regulation 18

MENTAL HEALTH ACT 1998 SECTION 33**RECLASSIFICATION OF PATIENT SUBJECT TO AFTER-CARE UNDER
SUPERVISION****PART 1**

I *[full name and professional address of community responsible medical officer]*

am the community responsible medical officer of *[full name and address of patient]*

I last examined the patient on *[date]*

It appears to me that the patient who is recorded on the supervision application as suffering from *[original classification as amended by any previous reclassification]* is now suffering from —

**[mental illness]*

[mental impairment]

[severe mental impairment]

[psychopathic disorder]

This opinion is founded on the following grounds: —

Give clinical description of the patient's condition

*I have consulted the following **[person][persons]* professionally concerned with the patient's medical treatment: —

[name(s), designation(s) and professional address(es) of person(s) consulted, if any]

There is no-one other than myself professionally concerned with the patient's medical treatment.

Signed

Date

*Delete whichever does not apply

PART 2

To be completed on behalf of the Department of Health and Social Security

This reclassification report was received by me on *[date]*

The patient was informed orally about the reclassification by *[name]* on *[date]* and in writing on *[date]*

*The patient's nearest relative [*name and address*]

*was informed in writing on [*date*]

has not been informed because —

*this was not practicable

the patient objected

The patient has no known nearest relative

Signed

Date

On behalf of the Department of Health and Social Security

*Delete whichever does not apply

FORM 43

Regulation 18

MENTAL HEALTH ACT 1998 SECTION 34**RENEWAL OF AFTER-CARE UNDER SUPERVISION****PART 1**

I [*full name and professional address of community responsible medical officer*]

am the community responsible medical officer of [*full name and address of patient*]

I last examined the patient on [*date*]

This must be within 2 months of the date after-care under supervision is due to expire.

MENTAL DISORDER

In my opinion the patient is suffering from —

*[mental illness]

[mental impairment]

[severe mental impairment]

[psychopathic disorder]

This opinion is founded on the following grounds: —

Give clinical description of the patient's condition

NEED FOR AFTER-CARE UNDER SUPERVISION

I am of the opinion that this patient should continue to be subject to after-care under supervision for the following reasons —

- (a) the patient is suffering from mental disorder, as specified above;
and
- (b) if the patient did not receive section 115 after-care there would be
a substantial risk of —

*serious harm to the patient's health

serious harm to the patient's safety

serious harm to the safety of other persons

serious exploitation of the patient

because [state reasons]

and

- (c) such supervision is likely to help secure that the patient receives section 115 after-care services because *[state reasons]*

CONSULTATION

The following people have been consulted and I have taken account of the views they have expressed: —

[names, addresses and designations of those consulted]

Any separate sheet on which this statement is continued shall be deemed to be part of the application.

The patient's supervisor is *[full name, professional address and profession of supervisor]*

Signed

Date

*Delete whichever does not apply

PART 2

To be completed on behalf of the Department.

This renewal report was received by me on *[date]*

The patient was informed orally about the renewal of after-care under supervision and its effect in his case by *[name]* on *[date]* and in writing on *[date]*

*The patient's nearest relative *[name and address]*

*was informed in writing on *[date]*

has not been informed because —

*this was not practicable

the patient objected

The patient has no known nearest relative

The following **[person][persons]*, not being professionally concerned with the after-care services to be provided, **[is][are]* believed to play a substantial part in the care of the patient:

[name(s) and address(es)]

and **[has][have]* have been informed about the renewal of after-care under supervision.

The patient's supervisor *[name]* was informed on *[date]*

The patient's GP *[name]* was informed on *[date]*

Signed

Date

On behalf of the Department of Health and Social Security

*Delete whichever does not apply

FORM 44

Regulation 18

MENTAL HEALTH ACT 1998 SECTION 35**DIRECTION ENDING AFTER-CARE UNDER SUPERVISION****PART 1**

I *[full name and professional address of community responsible medical officer]*

am the community responsible medical officer of *[full name and address of patient]*

I hereby direct that this patient shall cease to be subject to after-care under supervision because *[give reason]*

The following people have been consulted about the giving of this direction and I have taken account of the views they have expressed: —

[names, addresses and designations of those consulted]

Any separate sheet on which this statement is continued shall be deemed to be part of the direction.

Signed

Date

PART 2

To be completed on behalf of the Department.

This direction was received by me on *[date]*

The patient was informed orally about the ending of after-care under supervision by *[name]* on *[date]* and in writing on *[date]*

*The patient's nearest relative *[name and address]*

*was informed in writing on *[date]*

has not been informed because —

*this was not practicable

the patient objected

The patient has no known nearest relative

The following *[person][persons], not being professionally concerned with the after-care services to be provided, *[is][are] believed to play a substantial part in the care of the patient:

[name(s) and address(es)]

and has/have been informed about the ending of after-care under supervision.

The patient's supervisor *[name]* was informed on *[date]*

The patient's GP *[name]* was informed on *[date]*

Signed

Date

On behalf of the Department of Health and Social Security

*Delete whichever does not apply

FORM 45

Regulation 19(2)

MENTAL HEALTH ACT 1998 SECTION 65**CERTIFICATE OF CONSENT TO TREATMENT AND SECOND OPINION***(Both parts of this certificate must be completed)***PART 1**I *[full name and professional address]*a registered medical practitioner appointed for the purposes of Part IV of the Act, and
we *[full name, address and status]*and *[full name, address and status]*being two persons appointed for the purposes of section 65(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 *[description of treatment or plan of treatment]*

AND

- (b) has consented to that treatment.

Signed Date

Signed Date

Signed Date

PART 2I *[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

FORM 46

Regulation 19(4)

MENTAL HEALTH ACT 1998 SECTION 66**CERTIFICATE OF CONSENT TO TREATMENT**I *[full name and professional address]**[the responsible medical officer][a registered medical practitioner appointed for the purposes of Part IV of the Act] certify that *[full name and address of patient]*

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

AND

- (b) has consented to that treatment.

Signed

Date

*Delete whichever does not apply •

FORM 47

Regulation 19(4)

MENTAL HEALTH ACT 1998 SECTION 66**CERTIFICATE OF SECOND OPINION**I *[full name and professional 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 *[description of treatment or plan of treatment]*

OR

- (b) has not consented to *[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

*Delete whichever does not apply

ENDNOTES

Table of Endnote References

¹ The format of this legislation has been changed as provided for under section 75 of, and paragraph 2 of Schedule 1 to, the Legislation Act 2015. The changes have been approved by the Attorney General after consultation with the Clerk of Tynwald as required by section 76 of the Legislation Act 2015.