

EXAMPLE

Form H1 Regulation 4(1)(g)
Section 5(2) – report on hospital in-patient

Mental Health Act 1983

PART 1

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

To the managers of (name and address of hospital)

Salisbury District Hospital, Odstock Road, Salisbury SP2 8BJ

I am (PRINT full name)

Dr Jane Smith

and I am (Delete (a) or (b) as appropriate) (a) applies if the consultant completes the form - cross out approved clinician

- (a) ~~the registered medical practitioner/the approved clinician (who is not a registered medical practitioner) (delete the phrase which does not apply)~~ (b) applies if a deputy of the consultant completes the form
- (b) a registered medical practitioner/~~an approved clinician (who is not a registered medical practitioner)*~~ who is the nominee of the registered medical practitioner or approved clinician (who is not a registered medical practitioner) (*delete the phrase which does not apply)

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

Mr John Thomas Brown

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

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

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

John is agitated, low in mood and hearing voices telling him to kill himself. He is adamant that he wants to leave. He is at high risk to himself due to his low mood and voices.

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

continue overleaf

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

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

22 : 15 (time)

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

Signed

Smith

Date

1 / 2 / 2023

PART 2

(To be completed on behalf of the hospital managers)

This report was *(Delete the phrase which does not apply)*

furnished to the hospital managers through their internal mail system

furnished to the hospital managers, or a person authorised by them to receive it, by means of electronic communication

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

: (time) on / / (date)

Signed

[Redacted signature area]

on behalf of the hospital managers

PRINT NAME

Date

[Redacted name and date area]