# Form A3 - Regulation 4(1)(b)(i) Mental Health Act 1983

## Section 2 — Joint medical recommendation for admission for assessment

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

be admitted to a hospital for assessment in accordance with Part 2 of the Mental Health Act 1983.

I [PRINT full name, address and, if sending by means of electronic communication, email address of first practitioner]

last examined this patient on [date].

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

\*I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

<\*Delete if not applicable>

I [PRINT full name, address and, if sending by means of electronic communication, email address of second practitioner]

last examined this patient on [date].

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

\*I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

<\*Delete if not applicable>

In our opinion,

1. this patient is suffering from mental disorder of a nature or degree which warrants the detention of the patient in hospital for assessment (or for assessment followed by medical treatment) for at least a limited period,

AND

1. ought to be so detained
2. in the interests of the patient’s own health
3. in the interests of the patient’s own safety
4. with a view to the protection of other persons.

<Delete the indents not applicable>

Our reasons for these opinions are:

[Your reasons should cover both (a) and (b) above. As part of them: describe the patient’s symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; explain why the patient ought to be admitted to hospital and why informal admission is not appropriate.]

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

Signed Date

Signed Date

### NOTE: AT LEAST ONE OF THE PRACTITIONERS SIGNING THIS FORM MUST BE APPROVED UNDER SECTION 12 OF THE ACT.

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Mental Health

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