**Form CTO6** *Regulation 9(3)(a) and (5)*  **Mental Health Act 1983**

**Section 17F(2) – authority for transfer of recalled community patient to a hospital under**

 **different managers**

*(To be completed on behalf of the managers of the hospital in which the patient is detained*

*by virtue of recall)*

**PART 1**

This form authorises the transfer of

(*PRINT full name of patient*)

|  |
| --- |
|  |

from (*name and address of hospital in which the patient is detained)*

|  |
| --- |
|  |

to (*name and address of hospital to which patient is to be transferred*)

|  |
| --- |
|  |

in accordance with the Mental Health (Hospital, Guardianship and Treatment) (England)

Regulations 2008.

I attach a copy of Form CTO4 recording the patient’s detention in hospital after recall.

**\*** The hospital in which the patient is currently detained is the patient’s responsible hospital.

**\*** The hospital to which the patient is to be transferred is the patient’s responsible hospital.

**\*** The patient’s responsible hospital is

(*name and address of responsible hospital*)

|  |
| --- |
|  |

*(\*Delete the phrases which do not apply)*

Signed Date

|  |  |
| --- | --- |
|  |  |

on behalf of managers of the first named hospital

PRINT NAME

|  |
| --- |
|  |

**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 admitted to

(*name of hospital*)

|  |
| --- |
|  |

in pursuance of this authority for transfer on

|  |
| --- |
|  |

(*date of admission to receiving hospital*)

at

|  |
| --- |
|  |

*(time)*

Signed

|  |
| --- |
|  |

on behalf of managers of the receiving hospital

PRINT NAME Date

|  |  |
| --- | --- |
|  |  |