

**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)*

I *(PRINT your full name, address and, if sending by means of electronic communication, email address)*

apply for the admission of *(PRINT full name and address of patient)*

for assessment in accordance with Part 2 of the Mental Health Act 1983.

*Complete (a) or (b) as applicable and delete the other.*

- (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 your relationship with the patient)*

- (b) I have been authorised to exercise the functions under the Act of the patient's nearest relative by a county court / the patient's nearest relative *(delete the phrase which does not apply)*, and a copy of the authority is attached to this application.

I last saw the patient on

/ /

*(date)*

at

:

*(time)*

which was within the last 24 hours.

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

*continue overleaf*

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

*If the medical practitioner did not have previous acquaintance with the patient before making the recommendation, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance with the patient –*

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

Signed

Date

/ /

Time

: