# Form M2 - Regulation 25(1)(a) and (b) Mental Health Act 1983

## Section 25 — Report barring discharge by nearest relative

### PART 1

(To be completed by the responsible clinician)

To the managers of [name and address of hospital]

[Name of nearest relative]

gave notice at [time]

on [date]

of an intention to discharge [PRINT full 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 or herself.

The reasons for my opinion are—

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

I am furnishing this report by: <Delete the phrase which does not apply>

consigning it to the hospital managers’ internal mail system today at [time].

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

sending or delivering it without using the hospital managers’ internal mail system.

Signed Responsible clinician

PRINT NAME

Email address (if applicable)

Date Time

### 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.

received by me on behalf of the hospital managers at [time]

on [date].

Signed on behalf of the hospital managers

PRINT NAME Date

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Mental Health

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