

Section 2 – application by nearest relative for admission for assessment

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)

which was within the period of 14 days ending on the day this application is completed.

continue overleaf

This application is founded on two medical recommendations in the prescribed form.

If neither of the medical practitioners had previous acquaintance with the patient before making their recommendations, 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

/ /