**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)*

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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)*

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last examined this patient on

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*(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)*

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last examined this patient on

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*(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

(b) ought to be so detained

(i) in the interests of the patient’s own health

(ii) in the interests of the patient’s own safety

(iii) with a view to the protection of other persons.

(D*elete 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.)*

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

Signed Date

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Signed Date

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**NOTE: AT LEAST ONE OF THE PRACTITIONERS SIGNING THIS FORM MUST BE**

**APPROVED UNDER SECTION 12 OF THE ACT.**