**Form H4** *Regulation 7(2)(a) and 7(3)*  **Mental Health Act 1983**

**Section 19 – authority for transfer from one hospital to another under different managers**

**PART 1**

*(To be completed on behalf of the managers of the hospital where the patient is detained)*

Authority is given for the transfer of *(PRINT* *full name of patient*)

|  |
| --- |
|  |

from (*name and address of hospital in which the patient is liable to be 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 within 28 days beginning with the date of this authority.

Signed

|  |
| --- |
|   |

on behalf of the managers of the first named hospital

PRINT NAME Date

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

**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 transferred to (*name of hospital*)

|  |
| --- |
|  |

in pursuance of this authority for transfer and admitted to that hospital on

|  |
| --- |
|  |

(*date of admission to receiving hospital*) at

|  |
| --- |
|  |

(*time*)

Signed

|  |
| --- |
|  |

on behalf of the managers of the receiving hospital

PRINT NAME Date

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