**Form M1** *Regulation 15(2), (4)(a) and 16(2)*  **Mental Health Act 1983**

**Part 6 – date of reception of a patient in England**

(*PRINT full name of patient*)

|  |
| --- |
|  |

**\*** was admitted to *(name and address of hospital)*

|  |
| --- |
|  |

at

|  |
| --- |
|  |

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| --- |
|  |

*(time)*  on (*date)*

**\*** was received into the guardianship of *(name and address of guardian)*

|  |
| --- |
|  |

on

|  |
| --- |
|  |

*(date)*

**\***became a community patient as if discharged from (*name and address of responsible hospital*)

|  |
| --- |
|  |

on

|  |
| --- |
|  |

*(date)*

(\**Complete as appropriate and delete the others*)

Signed

|  |
| --- |
|  |

on behalf of the hospital managers / on behalf of the local social services authority /

the private guardian (*Delete whichever do not apply*)

PRINT NAME Date

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