**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

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