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| **Adult Social Services**  **Beverley Tarka** Director of Adults & Health |  |

Statement for reason(s) why the assessing doctor is of the opinion that making a medical recommendation for the detention (Section 2, 3, 4, 7) of the patient under the Mental Health Act 1983 (amended 2007) is not necessary.

Name of patient: …………………………………………………………………

Date of Birth: …………………………………………………………………

Address: …………………………………………………………………

Date of assessment: …………………………………………………………………

(Please document below the reasons why you feel that detention is not necessary in this case and what alternatives to detention will be put in place to care for and treat the patient).

Name of Doctor:

Date:

Signature: