

# Medical Recommendation for Admission for Treatment

**Form A8**

Mental Health Act 1983  
Section 3  
Regulation 4(1)(d)(ii)

(PRINT full name and address of practitioner) I

a registered medical practitioner, recommend that

(PRINT full name and address of patient)

be admitted to a hospital for treatment in accordance with Part 2 of the Mental Health Act 1983.

I last examined this patient on

(date)

(\*Delete if not applicable)

\*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.

In my opinion

(a) this patient is suffering from mental disorder of a nature or degree which makes it appropriate for the patient to receive medical treatment in a hospital;

AND

(b) it is necessary

(Delete the indents not applicable)

(i) for the patient's own health

(ii) for the patient's own safety

(iii) for the protection of other persons

that this patient should receive treatment in hospital,

AND

(c) such treatment cannot be provided unless the patient is detained under section 3 of the Act,

because - *(Your reasons should cover (a), (b) and (c) above. As part of them: describe the patient's symptoms and behavior and explain how those symptoms and behaviour lead you to your opinion; say whether other methods of treatment or care (eg out-patient treatment or social services) are available and, if so, why they are not appropriate; indicate why informal admission is not appropriate.)*

(If you need to continue on a separate sheet please indicate here

and attach that sheet to this form.)

I am also of the opinion that, taking into account the nature and degree of the mental disorder from which the patient is suffering and all the other circumstances of the case, appropriate medical treatment is available to the patient at the following hospital (or one of the following hospitals):-

*(Enter name of hospital(s). If appropriate treatment is available only in a particular part of the hospital, say which part.)*

Signed \_\_\_\_\_ Date \_\_\_\_\_