

## Form H1 - Regulation 4(1)(g) Mental Health Act 1983

## Section 5(2) — Report on hospital in-patient

## PART 1

(To be completed by a medical practitioner or an approved clinician qualified to do so under section 5(2) of the Act)

I am [PRINT full name]

and I am <Delete (a) or (b) as appropriate>

in charge of the treatment of [PRINT full name of patient],

who is an in-patient in this hospital and not at present liable to be detained under the Mental Health Act 1983.

It appears to me that an application ought to be made under Part 2 of the Act for this patient's admission to hospital for the following reasons—

[The full reasons why informal treatment is no longer appropriate must be given. If you need to continue on a separate sheet please indicate here and attach that sheet to this form.]

Date

I am furnishing this report by: <Delete the phrase which does not apply>

Signed type
or
paste
image
or
digital
signature

## PART 2

(To be completed on behalf of the hospital managers)

This report was <Delete the phrase which does not apply>

Signed type Date

or
paste
image
or
digital
signature

**PRINT NAME**