# Form A11 - Regulation 4(1)(f) Mental Health Act 1983

## Section 4 — Medical recommendation for emergency admission for assessment

THIS FORM IS TO BE USED ONLY FOR AN EMERGENCY APPLICATION

I [PRINT name, address and, if sending by means of electronic communication, email address of medical practitioner],

a registered medical practitioner, recommend that [PRINT full name and address of patient]

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

I last examined this patient on [date]

at [time].

\*l 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.

<\*Delete if not applicable>

I am of the opinion,

1. this patient is suffering from mental disorder of a nature or degree which warrants the detention of the patient in hospital for assessment (or for assessment followed by medical treatment) for at least a limited period,

AND

1. this patient ought to be so detained
2. in the interests of the patient’s own health
3. in the interests of the patient’s own safety
4. with a view to the protection of other persons,

<delete the indents not applicable>

AND

1. it is of urgent necessity for the patient to be admitted and detained under section 2 of the Act.

My reasons for these opinions are: [Your reasons should cover (a), (b) and (c) above. As part of them: describe the patient’s symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; and explain why the patient ought to be admitted to hospital urgently and 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]

Compliance with the provisions of Part 2 of the Act relating to applications under section 2 would involve undesirable delay, because— [Say approximately how long you think it would take to obtain a second medical recommendation and what risk such a delay would pose to the patient or to other people.]

[If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form]

Signed Date

Time

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Mental Health

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