*Regulation 4(1)(e)(i)*

**Mental Health Act 1983 section 4 - emergency application by nearest relative for admission for assessment**

**THIS FORM IS TO BE USED ONLY FOR AN EMERGENCY APPLICATION**

*(name and address*

*of hospital)*

*(full name) (full address)*

*(full name of patient)*

*(full address of*

*patient)*

*(state relationship)*

*(delete the phrase that does not apply)*

To the managers of

I

of

apply for the admission of

of

for assessment in accordance with Part 2 of the Mental Health Act 1983.

*Delete either (a) or (b) and complete as applicable*

1. To the best of my knowledge and belief I am the patient’s nearest relative within the meaning of the Act. I am the patient’s
2. I have been authorised to exercise the functions under the Act of the patient’s nearest relative by a county court/the patient’s nearest relative, and a copy of the authority is attached to this application.

**Form HO 9**

**Please turn over**

**Form HO 9 (Cont’d)**

*(date)*

I last saw the patient on 24 hours.

which was within the last

*(insert reasons)*

In my opinion it is of urgent necessity for the patient to be admitted and detained under section 2 of the Act and compliance with the provisions of Part 2 of the Act relating to applications under that section would involve undesirable delay.

This application is founded on a medical recommendation in the prescribed form.

If the medical practitioner did not have previous acquaintance with the patient before making the recommendation, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance with the patient.

**Signed:**

**Date:**

**Time:**

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