*Regulation 34*

# Mental Health Act 1983 Section 25 - report barring discharge by nearest relative

**PART 1**

*(To be completed by the responsible clinician)*

*(name and address*

*of hospital)*

*(name of nearest*

*relative)*

To the managers of

*(time and date)*

*(name of patient)*

gave notice at

discharge

on of an intention to

*(insert reasons)*

I am of the opinion that the patient, if discharged, would be likely to act in a manner dangerous to other persons or to himself or herself.

The reasons for my opinion are

**Form NR 1**

## Please turn over

**Form NR 1 (Cont’d)**

*(time)*

I am furnishing this report by

consigning it to the hospital managers’ internal mail system today at

sending or delivering it without using the hospital managers’ internal mail system

## Signed:

Responsible Clinician

**Name: Date: Time:**

# PART 2

*(time and date)*

*(To be completed on behalf of the hospital managers)*

This report was

furnished to the hospital managers through their internal mail system received by me on behalf of the hospital managers at

on

## Signed:

on behalf of the hospital managers

## Name: Date:

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