

RECOMMENDATION

(BY A REGISTERED MEDICAL PRACTITIONER)
FOR INVOLUNTARY ADMISSION OF AN ADULT
(TO AN APPROVED CENTRE)

BLOCK CAPITALS (Before completing this form please read the notes overleaf)
In accordance with Part 2 of the Mental Health Act 2001 (as amended)

I, ALAN SMITH (Full Name of Registered Medical Practitioner)

1. Professional Address of Registered Medical Practitioner
1 MAIN STREET
EAST WALL, DUBLIN 3

2. Medical Practitioner Registration Number 012345 I am the person's general medical practitioner Yes No

3. Full Name and Home Address of PERSON the subject of the recommendation
I recommend that
JOHN CITIZEN
10 MAIN STREET
EAST WALL, DUBLIN 3

4. Date of Birth OR Age (if Date of Birth not known) 25/05/1960 Age: 56 Gender M F

5. Name and address of Approved Centre
be admitted to
ST VINCENTS HOSPITAL
FAIRVIEW, DUBLIN 3

6. Date: I last examined the person on 23/11/2016 Time: 12:43
(24 hour clock e.g. 2.41p.m. is written as 14.41)

Which was within 24 hours of receipt of the application for involuntary admission which was made on

23/11/2016 by: MARY CITIZEN (Name of Applicant)

7. In my opinion this person is suffering from a mental disorder where-
- (a) because of the illness, disability or dementia, there is a serious likelihood of the person concerned causing immediate and serious harm to himself or herself or to other persons,
 - OR
 - (b) (i) because of the severity of the illness, disability or dementia, the judgement of the person concerned is so impaired that failure to admit the person to an approved centre would be likely to lead to a serious deterioration in his or her condition or would prevent the administration of appropriate treatment that could be given only by such admission, AND
 - (ii) the reception, detention and treatment of the person concerned in an approved centre would be likely to benefit or alleviate the condition of that person to a material extent.
 - OR
 - (a) (as above) and (b) (as above)

8. Give clinical description of the person's mental condition
My opinion above is based on the following grounds

PARANOID, AGITATED, NON COMPLIANT WITH MEDICATIONS
ADDITIONAL DETAILS IN REFERRAL LETTER

I have informed the above named person of the purpose of the examination; Yes No

Where "No" is indicated I _____ (name) confirm that such information has been withheld because the provision of such information would be prejudicial to the person's mental health or well-being or emotional condition.

I am not a person disqualified for making a recommendation (see Section 10 (3) replicated overleaf)

Signed: Alan Smith
(Registered Medical Practitioner)

Date: 23/11/2016 Time: 12:50
(24 hour clock e.g. 2.41p.m. is written as 14.41)