

# Form CP 5

## Regulation 19(1)(a)

### Mental Health Act 1983 section 17E – Notice of recall to hospital

(name of  
community patient)

I notify you,

that you are recalled to

(name and address  
of the hospital)

under section 17E of the Mental Health Act 1983.

*Complete either part 1 or 2 below and delete the one which does not apply.*

#### **PART 1**

In my opinion

(a) you require treatment in hospital for mental disorder

AND

(b) there would be a risk of harm to your health or safety or to other persons  
if you were not recalled to hospital for that purpose.

This opinion is founded on the following grounds:

(insert grounds)

## PART 2

You have failed to comply with the condition imposed under section 17B of the Mental Health Act 1983 that you make yourself available for examination for the purpose of:-

(delete (a) or (b)  
as applicable)

- (a) consideration of extension of the community treatment period under section 20A
- (b) enabling a Part 4A certificate to be given.

**Signed:** ..... the Responsible Clinician

**Name:** .....

**Date:** ..... **Time:**.....

*This notice is sufficient authority for the managers of the named hospital to detain the patient there in accordance with the provisions of section 17E of the Mental Health Act 1983*