

# Form GU 3

## Regulation 9(1)(c)(i)

### Mental Health Act 1983 section 7- joint medical recommendation for reception into guardianship

We, both being registered medical practitioners, recommend that

(full name and  
address of patient)

be received into guardianship in accordance with Part 2 of the Mental Health Act 1983.

(full name and  
address of first  
practitioner)

I

(date)

last examined this patient on

and

(\* delete as  
appropriate)

\* I 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.

(full name and  
address of second  
practitioner)

I

(date)

last examined this patient on

and

(\* delete as  
appropriate)

\* I 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.

Please turn over

## Form GU 3 (Cont'd)

In our opinion

- (a) this patient is suffering from mental disorder of a nature or degree which warrants reception into guardianship under the Act.

AND

- (b) it is necessary

*(delete (i) or (ii)  
unless both apply)*

- (i) in the interests of the welfare of the patient

- (ii) for the protection of other persons

that the patient should be so received.

Our reasons for these opinions are

*(your reasons  
should cover  
both (a) and (b)  
above. As part of  
them describe the  
patient's symptoms  
and behaviour and  
explain how those  
symptoms and  
behaviour lead you  
to your opinion;  
explain why the  
patient cannot  
appropriately  
be cared for  
without powers of  
guardianship.)*

**Signed:**

**Date:**

**Signed:**

**Date:**