

Form GU 4

Regulation 9(1)(c)(ii)

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

(full name and
address of
practitioner)

I

a registered medical practitioner recommend that

(full name and
address of patient)

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

(date)

I last examined this patient on

* I had previous acquaintance with the patient before I conducted that examination.

(* delete as
appropriate)

* I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

In my 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.

Please turn over

Form GU 4 (Cont'd)

My 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: