

# Form HO 12

## Regulation 4(1)(g)

### Mental Health Act 1983 section 5(2) - report on hospital in-patient

#### PART I

*(To be completed by the registered medical practitioner or approved clinician in charge of the treatment of the patient under section 5(2) or any person nominated under section 5(3))*

To the managers of

*(name and address  
of hospital)*


*(full name)*

I am

--

and I am

Delete (a) or (b) as appropriate

*(delete the phrase  
which does not  
apply)*

- (a) the registered medical practitioner/the approved clinician (who is not a registered medical practitioner)

OR

- (b) a registered medical practitioner/an approved clinician who is the nominee of the registered medical practitioner or the approved clinician

in charge of the treatment of

*(full name of patient)*

--

who is an in-patient in this hospital and not at present liable to be detained under the Mental Health Act 1983.

It appears to me that an application ought to be made under Part 2 of the Act for this patient's admission to hospital for the following reasons

*(the full reasons why  
informal treatment  
is no longer  
appropriate must be  
given)*

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**Please turn over**

## Form HO 12 (Cont'd)

*Delete the phrase which does not apply*

I am furnishing this report by:

consigning it to the hospital managers' internal mail system today

(time)

at

delivering it (or having it delivered) by hand to a person authorised by the hospital managers to receive it.

**Signed:**

**Date:**

## PART 2

*To be completed on behalf of the hospital managers*

This report was:

*(delete the phrase  
which does not  
apply)*

furnished to the hospital managers through their internal mail system

delivered to me in person as someone authorised by the hospital managers

*(time and date)*

to receive this report at

on

**Signed:**

on behalf of the hospital managers

**Name:**

**Date:**