

Medical Recommendation for Admission for Assessment

Form A4

Mental Health Act 1983
Section 2 Regulation 4(1)
(b)(ii)

(PRINT full name and address of medical practitioner)

I

Simon
DR P M KEANE
WOOD GREEN POLICE STATION
287 WIGHT ROAD WOOD GREEN N22 8HU
LONDON

a registered medical practitioner, recommend that

(PRINT full name and address of patient)

SIMON CORDELL 104 BURN CROFT AVENUE
SIMON CORDELL ENFIELD EN8 5JQ

be admitted to a hospital for assessment in accordance with Part 2 of the Mental Health act 1983.

I last examined this patient on

(date)

25-10-19

*Delete if not applicable

*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.

In my opinion

(a) this patient is suffering from mental disorder of a nature or degree which warrants the detention of the patient in hospital for assessment (or for assessment followed by medical treatment) for at least a limited period,

AND

(b) ought to be so detained

(Delete the indents not applicable)

- (i) in the interests of the patient's own health
- (ii) in the interests of the patient's own safety
- (iii) with a view to the protection of other persons

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 ought to be admitted to hospital and why informal admission is not appropriate.)

THIS MAN IN HYPERMANIC WITH FLIGHT OF SPEECH AND IDEATION. HE HAS ~~APPEAR~~ DELUSIONS THAT THE POLICE ARE TARGETING HIM AS ARE OTHER RESIDENTS IN HIS BLOCK OF FLATS HE SAYS PEOPLE IN THE STREET STARE AT HIM BECAUSE THEY BELIEVE HE CAN BE THE HEROES. HE

(If you need to continue on a separate sheet please indicate here and attach that sheet to this form.)

Signed *Dr PM Keane* Date 25/10/19