

**From:** Lorraine Cordell <lorraine32@blueyonder.co.uk>  
**Sent time:** 29/10/2018 06:17:19 PM  
**To:** re\_wired@ymail.com  
**Subject:** FW: Re: Section-2-Paperwork  
**Attachments:** Section-2-chase-farm-25-10-2018.pdf

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Simon

The doctor gave me the paperwork in the end so I took it so it could be scanned and sent to you that way it cant be taken away again.

[with attachment](#)

Mum

# 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

DR SARAH KATHERINE HEWITT  
NORTH LONDON FORENSIC SERVICE  
CHASE FARM HOSPITAL, THE RIDGELWAY  
ENFIELD EN2 8JL

a registered medical practitioner, recommend that

(PRINT full name and address of patient)

SIMON CORDELL  
109 BURNCROFT AVENUE  
ENFIELD EN3 7JQ

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 October 2018

\*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.)*

Mr Cordell is known to psychiatric services but has not engaged with them in recent years. Today he was arrested for spitting at a police officer after they were called about him harassing his neighbours. He has a number of non-molestation orders against him, forbidding him from contacting them. On examination Mr Cordell displayed a range of affective and psychotic symptoms. He spoke rapidly and was thought disordered with overinclusive and tangential speech. He held a number of graniose

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


P.T:O

Signed [Signature]

Date 25/10/18

and delusional beliefs? He told us that the police were conspiring? with  
 medics and the council to silence him as he had uncovered police corruption.?  
 He said he was targeted by police as they were envious of his abilities.  
 He told us that his neighbour two floors above were controlling the  
 neighbour below? them and caused them to stamp on the floor and  
 disturb us Cordell? He did not believe that he was mentally unwell  
 and was adamant he would not see a psychiatrist.

He lacked insight into his presentation. He was irritable and has  
 assaulted police officers and harassed his neighbours in recent days?.  
 He poses a risk to others therefore? His behaviour places him at  
 risk of retaliating attacks from others and he will not accept  
 treatment for his hypomanic symptoms? This places his health  
 and safety at risk? There is evidence therefore that he has a  
 mental illness of a nature and degree which warrants assessment  
 and treatment in hospital? and without this there is a risk  
 of harm to his health and safety and the safety of others?

  
 Dr S. Hunt.

# 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 IREANE  
WOOD GREEN POLICE STATION  
287 WIGHT ROAD WOOD GREEN LONDON N22 8HU

a registered medical practitioner, recommend that

(PRINT full name and address of patient)

SIMON CONDELL 109 BURN CROFT AVENUE  
SIMON CONDELL ENFIELD EN 8TSQ

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)

25-10-18

\*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 ~~DELUSIONS~~ DELUSIONS THAT THE POLICE ARE TARGETING HIM AS AN OTHER RESIDENTS IN HIS BLOCK OF FLATS HE SAYS PEOPLE IN THE STREET STARE AT HIM BECAUSE THEY BELIEVE HE CAME FROM HELL. HE

(If you need to continue on a separate sheet please indicate here  and attach that sheet to this form.) IS ~~QUITE~~ ~~CLAMOROUS~~ IN HIS IDEAS ABOUT ~~HELPING~~ ~~THE~~ ~~WORLD~~

Signed Dr P M IREANE Date 25/10/18

# Record of detention in hospital

Form H3

Mental Health Act 1983  
Sections 2, 3 and 4  
Regulation 4(4) and (5)

(To be attached to the application for admission)

## PART 1

(name and address of hospital)

Barnet, Enfield and Haringey Mental Health NHS Trust  
Chase Farm Hospital  
127 The Ridgeway, Enfield, Middlesex EN2 8JL

(PRINT full name of patient)

Simon Cordell

Complete (a) if the patient is not already an in-patient in the hospital.

Complete (b) if the patient is already an in-patient.

(Delete the one which does not apply)

(a) The above named patient was admitted to this hospital on (date of admission to hospital) 26/10/18 at (time) 00.15 in pursuance of an application for admission under section (state section) 2 of the Mental Health Act 1983.

(b) An application for the admission of the above named patient (who had already been admitted to this hospital) under section (state section) of the Mental Health Act 1983 was received by me on behalf of the hospital managers on (date) at (time) and the patient was accordingly treated as admitted for the purposes of the Act from that time.

Signed

*Sunil Ramredia*

on behalf of the hospital managers

PRINT NAME

Sunil Ramredia

Date

26/10/18

## PART 2

(To be completed only if the patient was admitted in pursuance of an emergency application under section 4 of the Act)

On (date) at (time) I received, on behalf of the hospital managers, the second medical recommendation in support of the application for the admission of the above named patient.

Signed

on behalf of the hospital managers

PRINT NAME

Date

NOTE: IF THE PATIENT IS BEING DETAINED AS A RESULT OF A TRANSFER FROM GUARDIANSHIP, THE PATIENT'S ADMISSION SHOULD BE RECORDED IN PART 2 OF THE FORM G8 WHICH AUTHORISED THE TRANSFER.

# Application by an Approved Mental Health Professional for Admission for Assessment

Form A2

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

To the Managers of  
(name and address of hospital) Barnet Enfield and Haringey NHS Mental Health Trust  
Chase Farm Hospital,  
127 The Ridgeway  
Enfield EN2 6JL

(PRINT your full name) I ANTHONY MANNING  
(PRINT your address) of 65 C Park Avenue  
Enfield EN1 2HL

apply for the admission of  
(PRINT full name of patient) SIMON CORDELL  
(PRINT address of patient) 109 BURNEROTT AVENUE  
ENFIELD EN3 7JR

for assessment in accordance with Part 2 of the Mental Health Act 1983.

I am acting on behalf of  
(PRINT name of local social services authority) Enfield Council

and am approved to act as an approved mental health professional for the purposes of the Act by  
delete as appropriate [that authority]

name of local social services authority that approved you, if different

Complete the following if you know who the nearest relative is.

Complete (a) or (b) as applicable and delete the other

[(a) To the best of my knowledge and belief

(PRINT full name and address) Lorraine CordeLL  
23 Byron Terrace  
London N9 7DG

is the patient's nearest relative within the meaning of the Act.]

[(b) I understand that

(PRINT full name and address)

\*delete phrase which does not apply

has been authorised by a county court/the patient's nearest relative\* to exercise the functions under the Act of the patient's nearest relative.]

I have/~~have not yet~~\* informed that person that this application is to be made and of the nearest relative's power to order the discharge of the patient.

CONTINUED

Complete the following if you do not know who the nearest relative is.

Delete (a) or (b)

[(a) I have been unable to ascertain who is the patient's nearest relative within the meaning of the Act.]

[(b) To the best of my knowledge and belief this patient has no nearest relative within the meaning of the Act.]

The remainder of the form must be completed in all cases.

(date) I last saw the patient on 25/10/2014 which was within the period of 14 days ending on the day this application is completed.

I have interviewed the patient and I am satisfied that detention in a hospital is in all the circumstances of the case the most appropriate way of providing the care and medical treatment of which the patient stands in need.

This application is founded on two medical recommendations in the prescribed form.

If neither of the medical practitioners had previous acquaintance with the patient before making their recommendations, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance with the patient:-

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

Signed

A. M. M.

Date

25/10/2014