

# Form HO 9

## Regulation 4(1)(e)(i)

### Mental Health Act 1983 section 4 - emergency application by nearest relative for admission for assessment

#### THIS FORM IS TO BE USED ONLY FOR AN EMERGENCY APPLICATION

To the managers of

(name and address  
of hospital)

  
  

(full name)

I

(full address)

of

apply for the admission of

(full name of patient)

(full address of  
patient)

of

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

Delete either (a) or (b) and complete as applicable

- (a) To the best of my knowledge and belief I am the patient's nearest relative within the meaning of the Act. I am the patient's

(state relationship)

(delete the phrase  
that does not apply)

- (b) I have been authorised to exercise the functions under the Act of the patient's nearest relative by a county court/the patient's nearest relative, and a copy of the authority is attached to this application.

Please turn over

**Form HO 9 (Cont'd)**

(date) I last saw the patient on  which was within the last 24 hours.

In my opinion it is of urgent necessity for the patient to be admitted and detained under section 2 of the Act and compliance with the provisions of Part 2 of the Act relating to applications under that section would involve undesirable delay.

This application is founded on a medical recommendation in the prescribed form.

If the medical practitioner did not have previous acquaintance with the patient before making the recommendation, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance with the patient.

(insert reasons)

**Signed:** .....

**Date:** ..... **Time:** .....