

Section 132 Informing Patients of their Rights Under the Mental Health Act 1983

Patient's Name: CORDILL SIMON Date of Birth: 26/01/81
 Ward: HARINGEY ASSESSMENT Section: 2 RIO Number: 11214451
 Consultant: DR. CRAMPTON Named Nurse/Primary Nurse: PHILIP

The patient has indicated that s/he 1) Understands or 2) does not understand
 (please circle one that applies)

If patient does not understand please state the reason: -

Please record repeated efforts below.

First repeat date:	Understood:	Yes / No
Second repeat date:	Understood:	Yes / No
Third repeat date:	Understood:	Yes / No

Would the patient like to see a representative from the Independent Mental Health Advocacy (IMHA) Service? This is in addition to any legal representative they may wish to have.

Yes/No

Does the patient wish their nearest relative to be informed of this admission & detention?

Yes/No

Is there anyone else they would like to have informed of their admission?

If yes, please give name and address of nearest relative or relative:

Name : Relationship.....

Address..... P/Code.....

The Patients nearest relative is not known

The Patients nearest relative is not communicating

I hereby confirm that the above patient was and has been informed of his/her legal Rights as defined by Section 132 of the Mental Health Act 1983 both written and verbal communication.

Name of Nurse CAROLINE ACOLATSE Date and time Rights given 16/8/16 @ 05:00hrs
 (PRINT NAME IN BLOCK CAPITALS)

Signature of Nurse [Signature] Patient signature [Signature]

Please send this completed form to the Mental Health Act Office. A copy will be furnished to you. A new form should be completed if a new section is implemented or following transfer from hospital or at the renewal of a section.