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

(PRINT full name and address of medical practitioner)

DIZ SARAM KATHERINE HEWITT NORTH LONDON FORENSIC SERVICE CHASE FARM HOSPITAL, THE RIDGEWAY ENFIELD ENZ STL

a registered medical practitioner, recommend that

(PRINT full name and address of patient)

SIMON CORDELL 109 BURNCROFT AVENUE ENFIELD ENS 7 JQ

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 how ret engaged with them in recent years. Today he was arrested for spithing at a police officer after they were called about him havening his neighbours. He has a number of non-moleotration orders against him, perbolding him from contacting them. On examination we corded displayed a rayse of affective and psychetic symptoms. He spoke respiritly and was thought displayed with avernal sive and tensental speech. He held a number of graneliste (If you need to continue on a separate sheet please indicate here and attach that sheet to this form.)

P.T:0

Signed

Date 25 10)18

Cat. No. MHR4

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