

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)

Dr. ATEF AMIN
18 Lavender Drive
Enfield EN2 7JN

a registered medical practitioner, recommend that

(PRINT full name and address of patient)

Simon Cordell
109 ~~St~~ Buncroft Avenue EN3 7JQ Enfield

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) 15/8/2016

*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.)

seen in Wood Green police custody having been arrested for making threats to kill neighbours. He has had previous contact with psychiatric services. He used to be under early intervention service (EIS). He presents with features suggestive

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

Signed Atef Amin Date 15/8/2016

P.T.O.