1992 No. 44

MENTAL HEALTH

The Mental Health (Nurses, Guardianship, Consent to Treatment and Prescribed Forms) (Amendment) Regulations (Northern Ireland) 1992

Made	*4th February 1992*
Coming into operation . .	*16th March 1992*

The Department of Health and Social Services, in exercise of the powers conferred by Article 135(1) of the Mental Health (Northern Ireland) Order 1986(**a**), and of all other powers enabling it in that behalf, hereby makes the following regulations:

Citation, commencement and interpretation

1.—(1) These regulations may be cited as the Mental Health (Nurses, Guardianship, Consent to Treatment and Prescribed Forms) (Amendment) Regulations (Northern Ireland) 1992 and shall come into operation on 16th March 1992.

(2) In these regulations, "the principal regulations" means the Mental Health (Nurses, Guardianship, Consent to Treatment and Prescribed Forms) Regulations (Northern Ireland) 1986(**b**).

Amendment of Schedule to the principal regulations

2.—(1) In the Schedule to the principal regulations, Index of Prescribed Forms, for the entry relating to Form 8 there shall be substituted "Extension of assessment period from 48 hours to 7 days — medical report".

(2) In the Schedule to the principal regulations, for Forms 7 and 8 there shall be substituted Forms 7 and 8 in the Schedule.

Sealed with the Official Seal of the Department of Health and Social Services on 4th February 1992.

(L.S.) *Joan Dixon*
Assistant Secretary

(**a**) S.I. 1986/595 (N.I. 4)
(**b**) S.R. 1986 No. 174

FORM 7

MENTAL HEALTH (NORTHERN IRELAND) ORDER 1986
Article 9(3)

REPORT OF MEDICAL EXAMINATION IMMEDIATELY AFTER ADMISSION FOR ASSESSMENT

To [name and address of responsible Board].

I [full name and professional address of medical practitioner] examined [full name and address of patient] immediately after he/she was admitted to [name of hospital] for assessment in accordance with Part II of the Mental Health (Northern Ireland) Order 1986 on [date].

In my opinion this patient—

*(i) should be detained in hospital for assessment in accordance with Part II of the Order.

*(ii) should remain in hospital for assessment and he/she has agreed to do so on a voluntary basis.

*(iii) does not require to remain in hospital.

*(Delete as appropriate)

My opinion is based on the following grounds:—
[Give a clinical description of the patient's mental condition.]

I did not give the medical recommendation on which the application for assessment in respect of the patient is founded.

*I am the patient's responsible medical officer.

OR

* I am a medical practitioner appointed for the purposes of Part II of the Order by the Mental Health Commission.

OR

* I am a medical practitioner on the staff of [name of hospital].

*(Delete if not applicable)

Signed .....

Date .....

Time .....