

CERTIFICATE AND RENEWAL ORDER BY RESPONSIBLE CONSULTANT PSYCHIATRIST

BLOCK CAPITALS

(Part One and Part Two must be signed)

PART ONE – CERTIFICATE PURSUANT TO SECTION 15(4) OF THE MENTAL HEALTH ACT 2001

1. Full Name and Home
Address of Patient

2. Date of Birth

 / /

Gender M

F

is currently a patient in

3. Name and address of
Approved Centre

 Ward:

4. Date of Involuntary
Admission

 / /

5. I,

(Full Name of Responsible Consultant
Psychiatrist) of Professional
address of Responsible
Consultant Psychiatrist
(if other than section 3 above)

examined this patient on

Date:

 / /

(24 hour clock e.g. 2.41p.m. is written as 14.41)

Time:

 :

(within 7 days of the making of this order).

6. In my opinion this patient continues to suffer from a mental disorder where-

(a) because of the illness, disability or dementia, there is a serious likelihood of the person concerned causing immediate and serious harm to himself or herself or to other persons,

OR

(b) (i) because of the severity of the illness, disability or dementia, the judgement of the person concerned is so impaired that failure to admit the person to an approved centre would be likely to lead to a serious deterioration in his or her condition or would prevent the administration of appropriate treatment that could be given only by such admission,

AND

(ii) the reception, detention and treatment of the person concerned in an approved centre would be likely to benefit or alleviate the condition of that person to a material extent.

OR

(a) (as above) and (b) (as above)

My opinion above is based on the following reasons:-

7. Give clinical description of
the person's mental condition

Signed:

_____ (Responsible Consultant Psychiatrist)

_____ (MCRN)

Date:

 / /

(24 hour clock e.g. 2.41p.m. is written as 14.41)

Time:

 :

CERTIFICATE AND RENEWAL ORDER BY RESPONSIBLE CONSULTANT PSYCHIATRIST

FORM 7
 MENTAL HEALTH
ACTS 2001
to 2018
SECTION 15

PAGE 2 OF 2

PART TWO – RENEWAL ORDER

8. Full name of Patient:

9. * Pursuant to Section 15(2) of the Mental Health Act 2001, the period referred to in Section 15(1) of the Act of 2001 is hereby extended for a further period ending on / / [insert date] **(being a period not exceeding 3 months)** beginning upon the expiration of the Order on foot of which the reception, detention and treatment of the patient is currently authorised.

* Pursuant to Section 15(3) of the Mental Health Act 2001 (as amended), the period referred to in Section 15(1) of the Act of 2001 is hereby extended for a further period ending on / / [insert date] **(being a period not exceeding 6 months)** beginning upon the expiration of the Order on foot of which the reception, detention and treatment of the patient is currently authorised.

*Delete where appropriate.

10. I shall within 24 hours of making this order;

- Give to the Patient a notice in writing as required by Section 16(1)(b) and 16(2)
- Send to the Commission a copy of the Order as required by Section 16(1)(a)

Signed: _____ (Responsible Consultant Psychiatrist)

_____ (MCRN)

Date: / / Time: :

(24 hour clock e.g. 2.41p.m. is written as 14.41)

NOTE – For information in relation to the legislation please refer to www.mhcirl.ie/legislation