

DECISION OF THE MENTAL HEALTH TRIBUNAL

BLOCK CAPITALS

1. Name and Home
Address of Patient

This patient was admitted on an involuntary basis to

2. Full Name and Address of
Approved Centre

3. Date of Involuntary
Admission

on
 / /

4. Date of Mental
Health Tribunal

The Mental Health Tribunal reviewed this patient's detention on:
 / /

5. Section 17(1)(c) Report

The members of this Tribunal have considered this report prior to the making of any decision under Section 18 of the Mental Health Act.

6. Section 18(1)
(as amended)

The patient **is suffering** from a mental disorder
or

The patient **is not suffering** from a mental disorder

- The provisions of Sections 9, 10, 12, 14, 15 and 16 where applicable **have been complied with**
- The provisions of Sections 9, 10, 12, 14, 15 and 16 where applicable **have not been complied with** but the failure **does not** affect the substance of the order or cause an injustice
- The provisions of Sections 9, 10, 12, 14, 15 and 16 where applicable **have not been complied with** but the failure **does** affect the substance of the order and **does** cause an injustice

7. The decision of the Mental
Health Tribunal is as follows:
Refer to Section 18(1), 21(2),
28(5) or 58 as appropriate

We affirm/authorise this order We revoke/do not authorise this order [delete where applicable]

8. The Tribunal will inform the
following persons by notice in
writing of its decision and the
reasons in compliance with
Section 18(5).

The Commission	<input type="checkbox"/>
The Responsible Consultant	<input type="checkbox"/>
The Patient and his/her Legal Representative	<input type="checkbox"/>
Any other person (who in the opinion of the Tribunal should be given notice). Name(s)	<input type="checkbox"/>

Signed

Tribunal Chair:

Date: / /

Tribunal Consultant Psychiatrist:

Date: / /

Tribunal Lay Member:

Date: / /