

**CERTIFICATE AND ADMISSION ORDER  
TO DETAIN A VOLUNTARY PATIENT**

Revised July 2019

**FORM 13**

Mental Health  
Acts 2001 to 2018  
Sections 23 & 24

PLEASE COMPLETE IN BLOCK CAPITALS (Part One, Part Two and Part Three must be signed)

**PART ONE**

1. Full name of person

2. Full address of person

  
  
 Eircode:

3. Date of birth OR age  
(if date of birth not known)

//

Age: \_\_\_\_\_

Gender: M  F

4. Name and address of  
Approved Centre

  


5. Date and time person  
indicated a wish to leave

//

Time:  :   
(24 hour clock e.g. 2:41pm is written as 14:41)

6. Date and time Section 23(1)  
was used to detain the person

//

Time:  :   
(24 hour clock e.g. 2:41pm is written as 14:41)

7. Professional who detained  
person pursuant to Section 23(1)

Consultant Psychiatrist  OR Registered Medical Practitioner  OR Registered Nurse

8. Reasons provided for  
detaining person pursuant  
to Section 23(1)

  
  
  


9. I, \_\_\_\_\_ (Responsible Consultant Psychiatrist)  
examined this patient on: (Print name)

Date: //

Time:  :   
(24 hour clock e.g. 2:41pm is written as 14:41)

10. 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).

For use only in accordance with the Mental Health Acts 2001 to 2018. Penalties apply for giving false or misleading information.

**NOTE:** For information in relation to the legislation, please refer to [www.mhcirl.ie/legislation](http://www.mhcirl.ie/legislation).

For information in relation to the Sections of the Mental Health Act 2001 to which this form refers, please click [here](#).

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**PART ONE continued**

My opinion above is based on the following reasons:

11. Give clinical description of the reasons for forming the opinion above


Signed: \_\_\_\_\_ (Responsible Consultant Psychiatrist)

Print name: \_\_\_\_\_ (Responsible Consultant Psychiatrist)

MCRN:

Date:   /   /

Time:   :    
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**PART TWO - SECTION 24(2)(a) CERTIFICATE**

This certificate is to be completed by another consultant psychiatrist following referral by the consultant psychiatrist responsible for the care and treatment of the person.

12. Name of person

13. I am not a spouse or relative of the patient.

14. 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).

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I have examined the above patient and I am of the opinion that the person is suffering from a mental disorder.

15. State reasons for opinion:


OR

I have examined the above patient and I am of the opinion that the person is not suffering from a mental disorder.

State reasons for opinion:


Signed: \_\_\_\_\_ (Consultant Psychiatrist)

Print name: \_\_\_\_\_ (Consultant Psychiatrist)

MCRN:

Date:   /   /

Time:   :    
(24 hour clock e.g. 2:41pm is written as 14:41)

**PART THREE - ADMISSION ORDER**

16. A certificate has been issued under Subsection 24(2)(a) by a second consultant psychiatrist. In accordance with Section 24(3) and (4), I make an admission order for the reception, detention and treatment of the above named person for a period of 21 days from the date of the making of this Order.

17. I am not a person disqualified from making this Order.

18. 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) of the Mental Health Acts 2001 to 2018;
- Send to the Commission a copy of the Order as required by Section 16(1)(a) of the Mental Health Acts 2001 to 2018.

Signed: \_\_\_\_\_ (Responsible Consultant Psychiatrist)

Print name: \_\_\_\_\_ (Responsible Consultant Psychiatrist)

MCRN:

Date:   /   /

Time:   :    
(24 hour clock e.g. 2:41pm is written as 14:41)

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