RECOMMENDATION
(BY A REGISTERED MEDICAL PRACTITIONER)
FOR INVOLUNTARY ADMISSION OF AN ADULT
(TO AN APPROVED CENTRE)

Revised July 2019

FORM 5

Mental Health Acts 2001 to 2018
Section 10

Coimisiún Meabhair-Shláinte | Mental Health Commission

PLEASE COMPLETE IN BLOCK CAPITALS

1. Full name of person the subject of recommendation

2. Full address of person the subject of recommendation

Eircode:

3. Date of birth OR age (if date of birth not known) ☐☐/☐☐/☐☐☐☐ **Age:** _____ **Gender:** **M** ☐ **F** ☐

4. Full name of Registered Medical Practitioner

5. Professional address of Registered Medical Practitioner

6. I am the person's General Medical Practitioner **Yes** ☐ **No** ☐

7. Name and address of Approved Centre for admission

8. Name of Applicant

I last examined the person on:

9. Date: ☐☐/☐☐/☐☐☐☐ **Time:** (24 hour clock e.g. 2:41pm is written as 14:41) ☐☐:☐☐

which was within 24 hours of receipt of the application for involuntary admission which was made on:

☐☐/☐☐/☐☐☐☐

10. In my opinion this person is suffering 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**.
For information in relation to the Section of the Mental Health Act 2001 to which this form refers, please click **here**.

MHC Coimisiún Meabhair-Shláinte | Mental Health Commission

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My opinion above is based on the following grounds:

11. Give clinical description of the person's mental disorder

12. **I have informed the above named person of the purpose of the examination:** **Yes** ☐ **No** ☐

Where "No" is indicated, I confirm that such information has been withheld because the provision of such information would be prejudicial to the person's mental health or well-being or emotional condition.

13. **I am not a person disqualified from making a recommendation for reasons set out in Section 10(3) of the Mental Health Acts 2001 to 2018.**

14. **I shall give a copy of this Form to the applicant as per Section 10(4) of the Mental Health Acts 2001 to 2018.**

Signature of Registered Medical Practitioner _____

MCRN: ☐☐☐☐☐☐☐

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

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