

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. Name and address of Approved Centre

5. Date and time of person's arrival in Approved Centre // Time: :
(24 hour clock e.g. 2:41pm is written as 14:41)

6. I, _____ (Consultant Psychiatrist)
(Print name)

examined the person on:

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

7. 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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My opinion above is based on the following grounds:

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

- 9. Pursuant to Section 14(1)(a) and Section 15(1) of the Mental Health Acts 2001 to 2018, 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.**
- 10. I am not a person disqualified from making an Admission Order for reasons set out in Section 14(3) of the Mental Health Acts 2001 to 2018.**
- 11. 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: _____ (Consultant Psychiatrist)

MCRN:

Date: / /

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