

## Application for assessment

To: *Location*  
The Director of Area  
Mental Health Services, at:

Name of proposed patient: *Full name*

Proposed patient's date of birth: *Date of birth*

Of: *Address*

I believe the person named above to be mentally disordered and apply to the Director of Area Mental Health Services to have that person assessed. I base my belief on the following grounds:

*Note: Continue on a separate sheet  
if necessary*


I am the applicant named: *Full name of applicant*

of: *Address of applicant*

My relationship to or  
association with the proposed  
patient is:

I declare that I have attained the age of 18 years and have seen the proposed patient in person within the last 3 days.

<i>Signature of applicant</i>	<i>Date of application</i>
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This application is accompanied by a certificate given by a mental health practitioner who has examined the proposed patient within the last 3 days.

***Mental Health (Compulsory Assessment and Treatment) Act 1992.***

**Section 2 The statutory definition of mental disorder is:**

"Mental disorder, in relation to any person, means an abnormal state of mind (whether of a continuous or an intermittent nature), characterised by delusions, or by disorders of mood or perception or volition or cognition, of such a degree that it –

- (a) Poses a serious danger to the health or safety of that person or of others; or
- (b) Seriously diminishes the capacity of that person to take care of himself or herself; and "mentally disordered", in relation to any such person, has a corresponding meaning.

**Section 4 General rules relating to liability to assessment or treatment**

The procedures prescribed by Parts I and II of this Act shall not be invoked in respect of any person by reason only of -

- (a) That person's political, religious, or cultural beliefs; or
- (b) That person's sexual preferences; or
- (c) That person's criminal or delinquent behaviour; or
- (d) Substance abuse; or
- (e) Intellectual handicap