

# PATIENT NOTIFICATION

## OF THE MAKING OF AN ADMISSION ORDER OR A CERTIFICATE AND RENEWAL ORDER MENTAL HEALTH ACT 2001 SECTION 16(2)

**PLEASE USE BLOCK CAPITALS AND READ NOTES OVERLEAF BEFORE COMPLETING**



<b>Patient's Details.</b>	First Name:	Surname:	PPS Number:
			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

### Information:

I, Dr \_\_\_\_\_ (Insert Name of Consultant Psychiatrist) notify you (the patient), in writing as required by Section 16(2) of the Mental Health Act 2001, that:

- (a) You are being currently detained on foot of an Order dated \_\_\_\_/\_\_\_\_/\_\_\_\_ (insert Date) for a period ending on \_\_\_\_/\_\_\_\_/\_\_\_\_ (insert date). This is an Admission Order pursuant to Section 14 / This is a Certificate and Renewal Order extending the detention pursuant to Section 15 (delete where appropriate).

and (where appropriate)

- (b) You have been examined by Dr. \_\_\_\_\_ (Insert Name of Consultant Psychiatrist) on \_\_\_\_/\_\_\_\_/\_\_\_\_ (insert date) for the purpose of extending your detention for a further period ending on \_\_\_\_/\_\_\_\_/\_\_\_\_ (insert date). This extension will come into effect on \_\_\_\_/\_\_\_\_/\_\_\_\_ (insert date) after the expiry of your current Order. This extension has been made pursuant to Section 15.

**A general description of the proposed treatment to be administered to you during your period of detention is as follows:**


- You are entitled to legal representation
- You are entitled to communicate with the Inspector of Mental Health Services
- You will have your detention reviewed by a Mental Health Tribunal in accordance with the provisions of Section 18 of the Mental Health Act 2001
- You are entitled to appeal to the Circuit Court against the decision of a Mental Health Tribunal under Section 18 of the Mental Health Act 2001 (Admission Order or a Certificate and Renewal Order)
- You may be admitted as a voluntary patient if you indicate a wish to be so admitted

### Name and Address of Approved Centre


### WARD/UNIT

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

**Date:**

(DD/MM/YYYY)

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**Time:**

(24 hr clock e.g. 2.21pm should be recorded as 14:21)

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## **NOTES    PATIENT NOTIFICATION OF THE MAKING OF AN ADMISSION ORDER OR A CERTIFICATE AND RENEWAL ORDER MENTAL HEALTH ACT 2001 SECTION 16(2)**

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NOTES: When completing the information please ensure that:

1. It is completed in **BLOCK CAPITALS**
2. Details must correspond with admission order/renewal order
3. All fields are completed
4. The notification is signed by the consultant psychiatrist
5. The patient is given a comprehensive verbal explanation of the information in the written notification
6. The patient is given the written notification
7. A copy is retained in the patient's clinical file.
8. All further discussions with the patient in relation to this notification to be recorded in the patient's clinical file.
9. When recording time please use 24 hour clock. For example 2.21 pm should be recorded as 14.21