

MENTAL HEALTH ACT 1983
ADMINISTRATIVE SCRUTINY CHECKLIST

| | | | | | |
|-------------------|--|---------|--|---------------------|--|
| Forename | | Surname | | Date of Birth | |
| Date of Admission | | Sec | | Commenced | |
| | | | | Date expiry renewal | |

- Has the application been signed by AMHP or Nearest Relative (NR) Yes/No
- Is the name and address of the hospital correct on the application by the AMHP/NR Yes/No
- Have two medical recommendations been made and signed (S 4 only one needed) Yes/No
- Was one medical recommendation made by a Section 12 approved Doctor Yes/No
- If neither Doctor has previous acquaintance has the AMHP stated a reason Yes/No
- Were Medical Recommendations made within 5 Days of each other Yes/No
- Is the clinical description for admission adequate Yes/No
- Is date of application by AMHP later than or the same date as medical recommendations Yes/No
- Has the AMHP seen the patient personally within 14 days of the application Yes/No
- Is the name and address of the patient the same on all documentation Yes/No *
- Is the date of the application within 14 days of the admission Yes/No
- Have you received a assessment report from the AMHP Yes/No*
- In the case of papers received out of hours was the HO 14 completed Yes/No*
- Is the name and address of the hospital correct on HO 14 Yes/No*
- Is the date of admission correct on HO 14 Yes/No*
- Have all alterations been initialled Yes/No*

* These are rectifiable errors – if the answer is no to any of the other questions the section papers may not be valid.

I HEREBY CERTIFY THAT THESE DOCUMENTS ARE CORRECT AND ARE IN ACCORDANCE WITH THE PROVISIONS OF THE MENTAL HEALTH ACT 1983

SIGNED
ON BEHALF OF THE MANAGERS

DATE

PRINT NAME.....