### MENTAL HEALTH ACT 1983
#### ADMINISTRATIVE SCRUTINY CHECKLIST

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<tr>
<th>Forename</th>
<th>Surname</th>
<th>Date of Birth</th>
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<th>Date of Admission</th>
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<th>Commenced</th>
<th>Date expiry renewal</th>
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- 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.

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

SIGNED .......................................................... DATE ..............................................

ON BEHALF OF THE MANAGERS

PRINT NAME ..............................................................................................................