

**TERMINATION OF SECTION 5(2) / SECTION 5(4)
OF THE MENTAL HEALTH ACT 1983**

Name of Unit/Ward			
The following patient	(name)		
The following Section (Tick applicable)	<input type="checkbox"/>	Section 5(4)	
	<input type="checkbox"/>	Section 5(2)	
was terminated on:	(Date):		At (Time):
Regraded to informal by:			
Responsible Clinician	(name)		
Reason for Termination:			
		YES	NO
The patient will be remaining in hospital although no longer detained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The patient will not be remaining in hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The section is discharged following an invalid detention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signature of person/s authorising discharge:			

	YES	NO	N/A
On regrade, is capacity doubted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes do they consent to remaining in hospital?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes ask the following questions:-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are they under continuous supervision and control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are they free to leave? (Patient may not be making attempts but would be stopped if tried)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If they are not free to leave and are under continuous supervision and control an urgent authorisation for deprivation of liberty must be considered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>