

**Form - E**

**REQUEST FOR ADMISSION WITH HIGH SUPPORT NEEDS**

[See rule 8]

To,  
The Medical Officer in-charge

\_\_\_\_\_  
\_\_\_\_\_

Sir/Madam,

I, Mr. /Mrs. \_\_\_\_\_ residing at \_\_\_\_\_, nominated representative of  
Mr. /Mrs. \_\_\_\_\_, aged \_\_\_\_\_, son/daughter of \_\_\_\_\_ request for his/her admission in your  
establishment for treatment of mental illness.

Mr. /Mrs. is having the following symptoms since \_\_\_\_\_.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

The following papers regarding my appointment as nominated representative and related to his/her illness are  
enclosed:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Kindly admit him/her in your establishment as patient with high support needs.

Name Address  
Mobile and E-mail

N.B.:- Please strike off those which are not  
required.

Signature  
Date

