

Form CO I

Regulation 40(1)

Mental Health Act 1983 section 57 – certificate of consent to treatment and second opinion

(Both parts of this certificate must be completed)

PART I

(full name and address)

I

a registered medical practitioner appointed for the purposes of Part 4 of the Act (a Second Opinion Appointed Doctor), and we

(full name, address and profession)

(full name, address and profession)

being two persons appointed for the purposes of section 57(2)(a) of the Act, certify that

(full name, address of patient)

(a) is capable of understanding the nature, purpose and likely effects of

(give description of treatment or plan of treatment; indicate clearly if the certificate is to apply to any or all of the treatment for a specified period)

AND

(b) has consented to that treatment.

Signed:

Date:

Signed:

Date:

Signed:

Date:

PART 2

(To be completed by the second opinion appointed doctor only)

I, the above named registered medical practitioner appointed for the purposes of Part 4 of the Act, have consulted

(full name of nurse)

a nurse and

(full name and profession)

who have been professionally concerned with the medical treatment of the patient named above and certify that it is appropriate for the treatment to be given.

(delete as appropriate)

My reasons are below/I will provide a statement of my reasons separately

(State reason; when giving reasons please indicate if, in your opinion, disclosure of the reasons to the patient would be likely to cause serious harm to the physical or mental health of the patient or to that of any other person)

Signed:

Date: