

# Form CO 4

## Regulation 40(3)

### Mental Health Act 1983 section 58A(3)(c) - certificate of consent to treatment (patients at least 18 years of age)

(full name and address)

I

  

(delete as applicable)

the approved clinician in charge of the treatment described below/a registered medical practitioner appointed for the purposes of Part 4 of the Act (a Second Opinion Appointed Doctor) certify that

(full name and address of patient)

  
  

who has attained the age of 18 years

(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: