

# Form CO 5

## Regulation 40(3)

### **Mental Health Act 1983 section 58A(4)(c) - certificate of consent to treatment and second opinion (patients under 18 years of age)**

(full name and address)

I

  

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 not yet 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)

**Please turn over**

**Form CO 5 (Cont'd)**

AND

(b) has consented to that treatment

AND

(c) it is appropriate for that treatment to be given

*(delete as appropriate)*

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

*(set out reasons; 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:**