

Form CO 2

Regulation 40(2)

Mental Health Act 1983 section 58(3)(a) – certificate of consent to treatment

(full name and address)

I

(delete the phrase which does not apply)

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, 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: