



Urgent treatment under section 64
Of the Mental Health Act 1983

Mental Health Act 1983
SCT only

Name of Patient: _____

Section: **Community Treatment Order**

I am

I confirm that I am the Approved Clinician responsible for the above named patient and that the following treatment:

(Delete option that does not apply)

1. is emergency treatment which is authorised under Section 64G as the patient lacks the capacity to consent to it;

OR

2. is immediately necessary and either the patient has the capacity to consent to it and does consent to it or a donee or a deputy of a mentally incapacitated patient consents to the treatment on their behalf.

(PLEASE TICK) **AND**

a) is immediately necessary to save the patient's life; or { }

b) which (not being irreversible) is immediately necessary to prevent a serious deterioration in their condition; or { }

c) which (not being irreversible or hazardous) is immediately necessary to alleviate serious suffering by the patient; or { }

d) which (not being irreversible or hazardous) is immediately necessary and represents the minimum interference necessary to prevent the patient from behaving violently or being a danger to themselves or others. { }

(Note: If treatment plan involves ECT only a) and b) of the above options apply)

I confirm full details of this course of treatment under S64 is recorded in the case notes.

Signed _____

Date _____