**Form CTO2** *Regulation 6(2)(b)*  **Mental Health Act 1983**

**Section 17B – variation of conditions of a community treatment order**

I *(PRINT full name, address and, if sending by means of electronic communication, email address of the responsible clinician)*

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am the responsible clinician for

*(PRINT full name and address of the community patient).*

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I am varying the conditions attaching to the community treatment order for the above

named patient.

The conditions made under section 17B(2), as varied, are: *(List the conditions as varied in full*

*(including any which are not being varied) or state that there are no longer to be any such conditions.)*

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| *(If you need to continue on a separate sheet please indicate here ( ) and attach that sheet to this form)* |

The variation is to take effect from,

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*(date)*

I confirm that I consider the above conditions to be necessary or appropriate for one or more of the following purposes:

* to ensure that the patient receives medical treatment
* to prevent risk of harm to the patient’s health or safety
* to protect other persons.

Signed Date

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Responsible clinician

**THIS FORM MUST BE FURNISHED AS SOON AS PRACTICABLE TO THE MANAGERS OF THE RESPONSIBLE HOSPITAL**