**Form T2** *Regulation 27(2)* **Mental Health Act 1983**

**Section 58(3)(a) – certificate of consent to treatment**

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

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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 SOAD) (*delete the phrase which does not apply*)

certify that

*(PRINT full name and address of patient)*

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(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 only to apply to any or all of the treatment for a specific period.)*

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

AND

(b) has consented to that treatment.

Signed Date

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