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| **Form CTO12** Regulation 28(1A) | **Mental Health Act 1983** |
| **Section 64C(4A) Certificate that community patient has capacity to consent (or if under**  **16 is competent to consent) to treatment and has done so (Part 4A consent certificate)** | |

*(To be completed on behalf of the responsible hospital)*

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

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|  |

am the approved clinician in charge of the treatment of

*(PRINT full name and address of patient)*

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who is subject to a community treatment order.

I certify that this patient

has the capacity / is competent

to consent *(delete the one that is not appropriate)*

and has consented to the following treatment. The treatment is:

*(Give description of treatment or plan of treatment.)*

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|  |

Signed Date

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