

**Section 58A(5) – certificate of second opinion (patients who are not capable of understanding the nature, purpose and likely effects of the treatment)**

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

a registered medical practitioner appointed for the purposes of Part 4 of the Act (a SOAD),  
have consulted

(*PRINT full name of nurse*)

a nurse and

(*PRINT full name and profession*)

who have been professionally concerned with the medical treatment of

(*PRINT full name and address of patient*)

I certify that the patient is not 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.*)

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

but that it is appropriate for the treatment to be given.

*continue overleaf*

My reasons are as below / I will provide a statement of my reasons separately. (*Delete as appropriate*)

*(When giving reasons please indicate if, in your opinion, disclosure of the reasons to the patient would be likely to cause serious harm to the physical or mental health of the patient or to that of any other person.)*

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

I further certify that giving the treatment described above to the patient would not conflict with –

- (i) any decision of an attorney appointed under a Lasting Power of Attorney or deputy (appointed by the Court of Protection) of the patient as provided for by the Mental Capacity Act 2005
- (ii) any decision of the Court of Protection, or
- (iii) any advance decision to refuse treatment that is valid and applicable under the Mental Capacity Act 2005.

Signed

Date

/ /