**Form T4** *Regulation 27(3)(b)* **Mental Health Act 1983**

**Section 58A(3) – certificate of consent to treatment (patients at least 18 years old)**

**THIS FORM IS NOT TO BE USED FOR PATIENTS UNDER 18 YEARS OF AGE**

 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 as appropriate)*

certify that

*(PRINT full name and address of patient)*

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who has attained the age of 18 years,

(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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