Form CO I

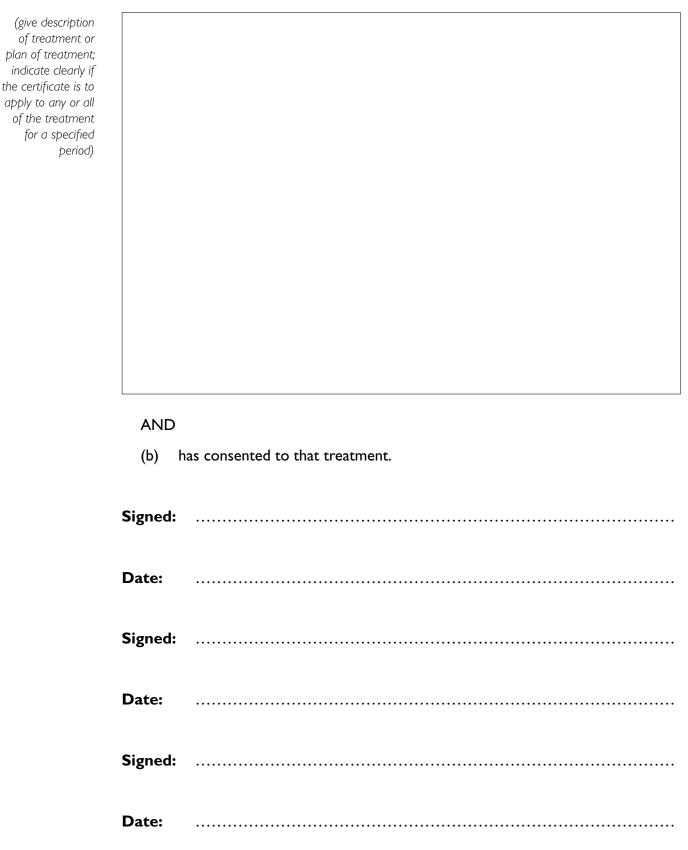
Regulation 40(1)

Mental Health Act 1983 section 57 - certificate of consent to treatment and second opinion

(Both parts of this certificate must be completed)

PART I

(full name and address)	I
	a registered medical practitioner appointed for the purposes of Part 4 of the Act (a Second Opinion Appointed Doctor), and we
(full name, address and profession)	
(full name, address	
and profession)	
	being two persons appointed for the purposes of section 57(2)(a) of the Act, certify that
(full name, address of patient)	



(a) is capable of understanding the nature, purpose and likely effects of

PART 2

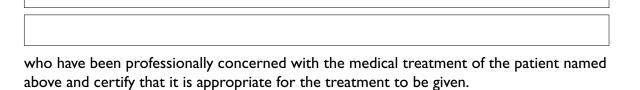
a nurse and

(To be completed by the second opinion appointed doctor only)

I, the above named registered medical practitioner appointed for the purposes of Part 4 of the Act, have consulted

(1	(full	name	of	nurse
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(full name and profession)



(delete as appropriate)

(State reason; 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) My reasons are below/I will provide a statement of my reasons separately

Signed:	
Date:	