

# Form CO 3

## Regulation 40(2)

### Mental Health Act 1983 section 58(3)(b) - certificate of second opinion

(name and address)

I

a registered medical practitioner appointed for the purposes of Part 4 of the Act (a Second Opinion Appointed Doctor), have consulted

(full name of nurse)

a nurse and

(full name and profession)

who have been professionally concerned with the medical treatment of

(full name and address of patient)

I certify that the patient

(a) is not capable of understanding the nature, purpose and likely effects of

(delete the phrase which does not apply)

OR

(b) has not consented to

**Please turn over**

**Form CO 3 (Cont'd)**

the following treatment

*(give description of treatment or plan of treatment; indicate clearly if the certificate is to apply to any or all of the treatment for a specified period)*

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

*(delete as appropriate)*

My reasons are as below/I will provide a statement of my reasons separately

*(Set out reasons; 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)*

**Signed:** .....

**Date:** .....