

Form CO 6

Regulation 40(3)

Mental Health Act 1983 section 58A(5) - certificate of second opinion (patients who are not capable of understanding the nature, purpose and likely effects of the treatment)

(full name and address)

I

(full name of nurse)

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

(full name and profession)

a nurse and

(full name and address of patient)

who have been professionally concerned with the medical treatment of

(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)

I certify that the patient is not capable of understanding the nature, purpose and likely effects of

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

Please turn over

Form CO 6 (Cont'd)

(delete as appropriate)

(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 that of any other person)

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

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**
- (iii) any advance decision to refuse treatment that is valid and applicable under the Mental Capacity Act 2005.**

Signed:

Date: