

# Form CO 7

## Regulation 40(4)

### **Mental Health Act 1983 Part 4A - certificate of appropriateness of treatment to be given to a community patient (SOAD Part 4A Certificate)**

(full name and address)

I

  

am a registered medical practitioner appointed for the purposes of Part 4 of the Act (a Second Opinion Appointed Doctor).

I have consulted

(full name and profession)

  

and

(full name and profession)

  

who have been professionally concerned with the medical treatment of

(full name and address of patient)

  
  

who is subject to a community treatment order.

I certify that it is appropriate for the following treatment to be given to this patient while the patient is not recalled to hospital, subject to any conditions specified below. The treatment is

(description of treatment or plan of treatment)

**Please turn over**

**Form CO 7 (Cont'd)**

I specify the following conditions (if any) to apply

*(description of conditions, if any, which may include time limits on the approval of any or all of the treatment)*

I certify that it is appropriate for the following treatment (if any) to be given to this patient following any recall to hospital under section 17E of the Act, subject to any conditions specified below. The treatment is

*(description of treatment or plan of treatment)*

I specify the following conditions (if any) to apply to the treatment following any recall to hospital under section 17E

*(description of conditions, if any, which may include time limits on the approval of any or all of the treatment)*

*(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 that of any other person)*

**Signed:** .....

**Date:** .....