

# Form CO 8

## Regulation 40(5)

### **Mental Health Act 1983 Part 4A – certificate of consent to treatment for community patient (Approved Clinician Part 4A certificate)**

(full name and address)

I

  

the approved clinician in charge of the treatment described below certify that

(full name, address of patient)

  
  

(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 to apply to any or all of the treatment for a specified period)

AND

(b) has consented to that treatment.

**Signed:** .....

**Date:** .....