

Form CP I

Regulation 16(1)

Mental Health Act 1983 section 17A – community treatment order

PART I

(To be completed by the Responsible Clinician)

(full name and address)

I

am the responsible clinician for

(full name and address of patient)

In my opinion:

(delete any phrase that is not applicable)

- (a) the patient is suffering from mental disorder of a nature or degree which makes it appropriate for the patient to receive medical treatment
- (b) it is necessary for:-
 - (i) the patient's health;
 - (ii) the patient's safety;
 - (iii) the protection of other persons,that the patient should receive such treatment
- (c) such treatment can be provided without the patient continuing to be detained in a hospital provided the patient is liable to being recalled to hospital for medical treatment
- (d) it is necessary that the responsible clinician should be able to exercise the power under section 17E(1) to recall the patient to hospital
- (e) taking into account the nature and degree of the mental disorder from which the patient is suffering and all other circumstances of the case, appropriate medical treatment is available to the patient

Please turn over

Form CP I (Cont'd)

My opinion is founded on the following grounds

*(give grounds
for opinion)*

I confirm that in determining whether the criterion at (d) above is met, I have considered what risk there would be of deterioration of the patient's condition if the patient were not detained in hospital, with regard to the patient's history of mental disorder and any other relevant factors.

Conditions to which the patient is to be subject by virtue of this community treatment order

1. The patient is to make himself or herself available for examination under section 20A, as requested.
2. If it is proposed to give a certificate under Part 4A that falls within section 64C(4) of the Act in the patient's case (SOAD Part 4A Certificate), the patient is to make himself or herself available for examination to enable the certificate to be given, as requested.

The patient is also to be subject to the following conditions (if any) under section 17B(2) of the Act:

*(set out
conditions)*

Form CP I (Cont'd)

I confirm that I consider the above conditions to be made under section 17B(2) of the Act are necessary or appropriate for one or more of the following purposes:

- to ensure that the patient receives medical treatment
- to prevent risk of harm to the patient's health or safety
- to protect other persons.

Signed: Responsible Clinician

Date:

PART 2

(To be completed by an approved mental health professional)

(full name and address)

I

am acting on behalf of

(name of local social services authority)

and am approved to act as an approved mental health professional for the purposes of the Act by that authority/

*(delete as appropriate)
(name of LSSA that approved you, if different)*

I agree that:

- (i) the above patient meets the criteria for a community treatment order to be made
- (ii) it is appropriate to make a community treatment order
- (iii) the conditions made above under section 17B(2) are necessary or appropriate for one or more of the purposes specified.

Signed: an Approved Mental Health Professional

Date:

Please turn over

PART 3

(To be completed by the Responsible Clinician, after Parts 1 and 2 have been completed)

I exercise my power under section 17A of the Mental Health Act 1983 to make a community treatment order in respect of the above-named patient.

This community treatment order is to be effective from

(date and time)

at

Signed: Responsible Clinician

Date: