

# Form CP 2

## Regulation 16(2)

### Mental Health Act 1983 section 17B - variation of conditions of a community treatment order

(full name and address)

I

am the responsible clinician for

(full name and address of the community patient)

I am varying the conditions applying to the community treatment order for the above named patient.

Delete (a) or (b) as applicable, and where (a) applies insert the conditions

(a) The conditions made under section 17B(2), as varied, are:

(list the conditions as varied in full including any which are not being varied)

Please turn over

**Form CP 2 (Cont'd)**

I confirm that I consider the above conditions to be 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.

(b) The conditions are only those set out in section 17B(3) of the Mental Health Act 1983.

The variation is to take effect from

**Signed:** ..... the Responsible Clinician

**Date:** .....