

**Section 64C(4) – certificate of appropriateness of treatment to be given to community patient**

**(Part 4A certificate)**

I (*PRINT full name and address*)

am a registered medical practitioner appointed for the purposes of Part 4 of the Act (a SOAD).

I have consulted (*PRINT full name and profession*)

and (*full name and profession*)

who have been professionally concerned with the medical treatment of

(*PRINT 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:

(*Give description of treatment or plan of treatment.*)

I specify the following conditions (if any) to apply:

(*Conditions 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:  
*(Give description of treatment or plan of treatment.)*

I specify the following conditions (if any) to apply to the treatment which may be given to the patient following any recall to hospital under section 17E:  
*(Conditions may include time-limits on the approval of any or all of the treatment.)*

My reasons are as below / I will provide a statement of my reasons separately. *(Delete as appropriate)*  
*(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 to that of any other person.)*

*(If you need to continue on a separate sheet for any of the above please indicate here ( ) and attach that sheet to this form)*

Signed

Date

/ /