

Part 6 – community patients transferred to England

PART 1

(To be completed by the responsible clinician)

I *(PRINT full name and address of the responsible clinician)*

am the responsible clinician for

(PRINT full name and address of patient)

who is treated as if subject to a community treatment order having been transferred to England.

The patient is to be subject to the following conditions by virtue of that community treatment order:

The patient is to make himself or herself available for examination under section 20A, as requested.

If it is proposed to give a certificate under Part 4A of the Act in the patient's case, 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:

(If you need to continue on a separate sheet please indicate here () and attach that sheet to this form)

continue overleaf

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

Date

/ /

Responsible clinician

PART 2

(To be completed by the approved mental health professional)

I (*PRINT full name and address*)

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 (*Delete as appropriate*)

that authority

(*name of local social services authority that approved you, if different*)

I agree that the conditions made above under section 17B(2) are necessary or appropriate for one or more of the purposes specified.

Signed

Date

/ /

Approved mental health professional

THE PATIENT IS NOT SUBJECT TO THE CONDITIONS SET OUT IN THIS FORM UNLESS BOTH PARTS OF THE FORM ARE COMPLETED.