

**Form CTO12 Regulation 28(1A)**

**Mental Health Act 1983**

**Section 64C(4A) - certificate that community patient has capacity to consent  
(or if under 16 is competent to consent) to treatment and has done so  
(Part 4A consent certificate)**

*(To be completed on behalf of the responsible hospital)*

*I (PRINT full name, address and, if sending by means of electronic communication, email address)*

am the approved clinician in charge of the treatment of

*(PRINT full name and address of patient)*

who is subject to a community treatment order.

I certify that this patient has the capacity/is competent to consent (*delete the one that is not appropriate*) and has consented to the following treatment. The treatment is:

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

Signed

Date

/ /