

(Parts 1 and 3 of this form are to be completed by the responsible clinician and Part 2 by an approved mental health professional)

PART 1

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

am the responsible clinician for
(*PRINT full name and address of patient*).

In my opinion,

- (a) this 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*(delete any phrase which is not applicable)*

- 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.

My opinion is founded on the following grounds –

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

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

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)

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

/ /

PART 2

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:

- (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, and
- (iii) 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

PART 3

I exercise my power under section 17A of the Mental Health Act 1983 to make a community treatment order in respect of the patient named in Part 1 of this Form.

This community treatment order is to be effective from

(*date*)

at

(*time*)

Signed

Date

Responsible clinician

THIS COMMUNITY TREATMENT ORDER IS NOT VALID UNLESS ALL THREE PARTS ARE COMPLETED AND SIGNED. IT MUST BE FURNISHED AS SOON AS PRACTICABLE TO THE MANAGERS OF THE HOSPITAL IN WHICH THE PATIENT WAS LIABLE TO BE DETAINED BEFORE THE ORDER WAS MADE