

**Section 57 – certificate of consent to treatment and second opinion**

*(Both parts of this certificate must be completed)*

**PART 1**

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

a registered medical practitioner appointed for the purposes of Part 4 of the Act (a SOAD), and we *(PRINT full name, address and profession)*

*(PRINT full name, address and profession)*

being two persons appointed for the purposes of section 57(2)(a) of the Act, certify that *(PRINT full name and address of patient)*

(a) is capable of understanding the nature, purpose and likely effects of: *(Give description of treatment or plan of treatment. Indicate clearly if the certificate is only to apply to any or all of the treatment for a specific period.)*

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

AND (b) has consented to that treatment.

Signed

Date

/ /

Signed

Date

/ /

Signed

Date

/ /

*continue overleaf*

**PART 2**

*(To be completed by SOAD only)*

I, the above named registered medical practitioner appointed for the purposes of Part 4 of the Act have consulted

*(PRINT full name of nurse)*

a nurse and

*(PRINT full name and profession)*

who have been professionally concerned with the medical treatment of the patient named above and certify that it is appropriate for the treatment to be given.

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 please indicate here ( ) and attach that sheet to this form)*

Signed

Date

/ /