# Form T2 - Regulation 27(2)Mental Health Act 1983

## Section 58(3)(a) — Certificate of consent to treatment

I [PRINT full name, address and, if sending by means of electronic communication, email address],

the approved clinician in charge of the treatment described below/a registered medical practitioner appointed for the purposes of Part 4 of the Act (a SOAD) <delete the phrase which does not apply> certify that

[PRINT full name and address of patient]

1. 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

1. has consented to that treatment.

Signed Date

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Mental Health

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