Form T4 *Regulation 27(3)(b)* Mental Health Act 1983

Section 58A(3) – certificate of consent to treatment (patients at least 18 years old)

THIS FORM IS NOT TO BE USED FOR PATIENTS UNDER 18 YEARS OF AGE

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 as appropriate)* certify that

(PRINT full name and address of patient)

who has attained the age of 18 years,

(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

/ /

Form amended by SI 2020/1072 for use from 1 December 2020