

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)*

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am the approved clinician in charge of the treatment of

(PRINT full name address of patient)

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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)

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Signed:

Date:

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