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SCHEDULE 2

Form T2B

Instructions																						٧
The following form is to I	be use	ed:																				_
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Patient's consent to treatment		Patient's Name	CHI Numb	per
Patient's consent to treatment the above named RMO or DMP confirm that: (a) (a) the patient is capable of consenting to the treatment; (b) (b) the patient has consented in writing to the treatment (see notes); (c) the giving of medical treatment to the patient is authorised by virtue of the Mental Health (Care and Treatment) (Scotland) Act 2003, or the Criminal Procedure (Scotland) Act 1995; and (d) having regard to the likelihood of its alleviating, or preventing a deterioration in, the patient's condition, it is in the patient's best interests that the treatment should be given to the patient. Details of the patient's consent in writing to the treatment A copy of the patient's consent in writing is attached. The patient signed this consent on (date) A copy of the patient signed this consent on (date) The patient signed this consent on (date) Details Of Treatment The treatment covered by this certificate is: Medication to reduce sex drive - any medicine (other than the surgical implantation of hormose) given for the purpose of reducing sex drive Other medication beyond 2 months - any other medicine given beyond 2 months since the start of compulsory treatment (e.g. antidepressants, anxiolytics, antipsychotics etc.) If the treatment specified is other medication Note: The period here included.			т	o be completed by the DMP or RMO
the above named RMO or DMP confirm that: (a) the patient is capable of consenting to the treatment; (b) the patient has consented in writing to the treatment (see notes); (c) the giving of medical treatment to the patient is authorised by virtue of the Mental Health (Care and Treatment) (Scotland) Act 2003, or the Criminal Procedure (Scotland) Act 1995; and (d) having regard to the likelihood of its alleviating, or preventing a deterioration in, the patient's condition, it is in the patient's best interests that the treatment should be given to the patient. **Details of the patient's consent in writing to the treatment** A copy of the patient's consent in writing is attached. **The patient signed this consent on (date)** The patient signed this consent on (date)** **The Commission advises that the 278 is completed. The commission advises that the 38 should not be issued more than 7 days the patient signs the consent form. **Details Of Treatment** The treatment covered by this certificate is: **Medication to reduce sex drive - any medicine (other than the surgical implantation of hormones) given for the purpose of reducing sex drive **Other medication beyond 2 months - any other medicine given beyond 2 months since the start of compulsory treatment (e.g. antidepressants, anxiolytics, antipsychotics etc.) If the treatment specified is other medication **Note: The period here included the patient specified is other medication.** **Note: The period here included the patient specified is other medication.** **Note: The period here included the patient specified is other medication.**	Certific	eation		
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The treatment covered by this certificate is: Medication to reduce sex drive - any medicine (other than the surgical implantation of hormones) given for the purpose of reducing sex drive Other medication beyond 2 months - any other medicine given beyond 2 months since the start of compulsory treatment (e.g. antidepressants, anxiolytics, antipsychotics etc.) If the treatment specified is other medication	The pati	ient signed this consent on (date)		should not be issued more than 7 days after
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beyond 2 months, record the date any prior EDC, STDC, ICTO, CTO, cmo medication for mental disorder was first given in this period of detention. Note that this is Procedure (Scotland) Act 191	beyon medic in this require	ad 2 months, record the date any sation for mental disorder was first given a period of detention. Note that this is ed only for the first T2B or T3B form for	/	Procedure (Scotland) Act 1995 which relate only to a single period

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Patient's Name	CHI Number
	To be completed by the DMP or RMO
Details Of Treatment (cont)	
Description of the treatment(s) including frequency and duration of tr	reatment
Treatment can be authorised by this certificate until (date) Note: - the potential period of treatment authorised should be no longer than three years in line with Mental Welfare Commission for Scotland	/
Certification by RMO or DMP	
Certified by the RMO the DMP	
Signature	
Date / / /	
A copy of this form must be sent to the Mental Welfare Commission	within seven days of issuing the certificate