





**Status:** This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Patient's Name

CHI Number

To be completed by the DMP

**Details of Treatment**

If the treatment specified is **other medication** beyond 2 months, record the date any medication for mental disorder was first given in this period of detention. Note that this is required only for the first T2B or T3B form for medication issued, not for subsequent forms.

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**Note:** The period here includes any prior EDG, STDG, ICTO, CTO, TTD or orders under the Criminal Procedure (Scotland) Act 1995 which relate only to a single period of detention

**Description of the treatment(s) including frequency and duration of treatment**

2

Treatment can be authorised by this certificate until (date)  /  /

**Note:** - for certificates authorising nutrition by artificial means, duration of treatment should also be recorded in the description of treatment above.  
- for certificates authorising medication, the potential period of treatment authorised should be no longer than three years in line with Mental Welfare Commission for Scotland recommendations

**Signature**

Signed by the DMP

Date dd / mm / yyyy  /  /

A copy of this form must be sent to the Mental Welfare Commission within seven days of issuing the certificate

