SCHEDULE 2

Regulation 2(b)

Form T1

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-	Tollowing form is to be used: The a certificate of consent is required for the following types of medical treatment: (a) any surgical operation for destroying- (b) the functioning of brain tissue; and (c) the treatment known as deep brain stimulation. This form is prescribed by regulations made under the Mental Heath (Care and Treatment) (Scotland) Act 2003. The use of any other form for the purpose for which this form has been prescribed is invalid. The use of any other form for the purpose for which this form has been prescribed is invalid. The use of any other form for the purpose for which this form has been prescribed is invalid. The use of any other form for the purpose for which this form has been prescribed is invalid. The use of any other form for the purpose for which this form has been prescribed is invalid. The use of any other form for the purpose for which this form has been prescribed is invalid. The use of any other form for the purpose for which this form has been prescribed is invalid. The use of any other form for the form one accuracy of information, please observe the following conventions: The use of any other form one teatron of the form one currency of information, please observe the following conventions: The use of any other form one teating with the purpose on plain paper where there is insufficient appare ited with the appropriate text box reference number. The other form Act could indude any name / also that the patient vould prefer to be known as: The other form Act could indude any name / also that the patient vould prefer to be known as: The other form and the other is a not encode to be index as: The other form and the other is a could indude any name / also that the patient vould prefer to be known as: The other form Act could indude any name / also that the patient vould prefer to be known as: The other form Act could indude any name / also that the patient vould prefer to be known as: The other form Act could indude any name / also that the patient vould																					
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Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

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O (b) the patient is not objecting to the treatment; and

O (c) 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

1. Where the patient does not have an RMO, all references in this form to the patient's RMO will be taken to be the medical practitioner primarily concerned with treating the patient.

2. Where the patient is a child (under the age of 18) and the patient's RMO is NOT a child specialist, then the DMP must be a child specialist (where a child specialist is a medical practitioner who has such qualifications or experience in relation to children as the Mental Welfare Commission may determine from time to time)

Notes

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Patient's Name		CHI Number		
T1/PART 2			To be completed b	y the DMP
Treatment Details				
The treatment under section	234(2) is to consist of (shade as approp	priate) :		
 (a) any surgical operation (i) brain tissue; or (ii) the functioning 	g of brain tissue			
 (b) the treatment known a 	as deep brain stimulation.			
Description of the treatment.				
1				
Signature / Date				
Signed by the DMP Date				



Form T2A

Instructions																						of any other form entions: > • • • • • • • • • • • • • • • • • • •			
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(b) the patient has con:	sente	ed ir	1 wr	ting	to	the	trea	tme	ent (see	note	es);														
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Pa	tient's Name			CHI Number		
				То	be completed by the	DMP or RMO
Details Of Trea	atment					
The treatment of	overed by this o	certificate is:				
	O ECT un	der section 237(3	3)(a)			
	○ VNS or	TMS (being treat	tments specified in re	egulations under	section 237(3)(b))	
Description of the stated.	he treatment(s) i	ncluding frequen	cy. The maximum du	ration of the cou	rse of treatment authoris	ed must
Certification b	by RMO or DMF	2				
Certified by	O the RMO	O the DMP				
Signature]	
Date		/			2	

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



Form T2B

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Instructions v7.0 The following form is to be used: where the patient's RMO, or a DMP, certifies that the patient is capable of consenting to treatment and is not refusing consent for																										
Instructions v7.0 Instructions v7.0 The following form is to be used: where the patient's RMO, or a DMP, certifies that the patient is capable of consenting to treatment and is not refusing consent for treatment under section 240(3) of the Act: (a) any medicine (other than the surgical implantation of hormones) given for the purpose of reducing sex drive; and																										
The following form is to be used: where the patient's RMO, or a DMP, certifies that the patient is capable of consenting to treatment and is not refusing consent for treatment under section 240(3) of the Act: (a) any medicine (other than the surgical implantation of hormones) given for the purpose of reducing sex drive; and (b) any other medicine given beyond a period of 2 months since the start of compulsory treatment. This form is prescribed by regulations made under the Mental Health (Care and Treatment) (Scotland) Act 2003. The use of any other form for the purpose for which this form has been prescribed is invalid. Where not completing this form electronically, to ensure accuracy of information, please observe the following conventions:																										
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Patient's Na	CHI Number
	To be completed by the DMP or RMO
RMO Details (where ce	rtificate granted by the patient's RMO)
Surname	
First Name	
Title	GMC Number
Hospital	
Ward / Clinic (If appropriate)	
Telephone No.	
RMO Details (where certificate granted by the patient's RMO) Surname First Name Title GMC Number Hospital Ward / Clinio (If appropriate) Telephone No. e-mail address Approved under section 22 of the Act by: Health Board NHS Other the age of 18- I am a child specialist; or I am a child specialist; or	
	22 of the Act by:
Health Board NHS	
O I am a child specialist;	or O I am NOT a child specialist (see notes)
Surname	
First Name	
Address	
Postcode	GMC Number

Where the patient is under the age of 18 -

O I, the above DMP am a child specialist; or I, the above DMP am NOT a child specialist (see notes)

Notes

Where the patient is under the age of 18, certification MUST be by either an RMO or a DMP who is a child specialist. If consent to treatment has been withdrawn (in writing or otherwise) then the treatment can not be given



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Patient's Name	CHI Number	
	То	be completed by the DMP or RMO
Certification		
Patient's consent to treatment		
I, 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 vir (Sootland) Act 2003, or the Criminal Procedure (Scotland) Act 1995 		tal Health (Care and Treatment)
 (d) having regard to the likelihood of its alleviating, or preventing a or patient's best interests that the treatment should be given to the patient's best interests. 		, the patient's condition, it is in the
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) 	7 e 7 5	IB the patient cannot consent after the 28 is signed as the signed consent must xist at the time the T28 is completed. The Commission advises that the T28 hould not be issued more than 7 days after he patient signs the consent form.
Details Of Treatment		
The treatment covered by this certificate is:		
 Medication to reduce sex drive - any medicine hormones) given for the purpose of reducing sex Other medication beyond 2 months - any other the start of compulsory treatment (e.g. antidepress) 	drive r medicine give	n beyond 2 months since
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.	1	Note: The period here includes am prior EDC, STDC, ICTO, CTO, TTD or orders under the Criminal Procedure (Soctiand) Act 1995 which relate only to a single period of detention.



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	item of legislation is currently only available in its original format.
P	atient's Name CHI Number
	To be completed by the DMP or R
Details Of Tre	satment (cont)
	the treatment(s) including frequency and duration of treatment
1	
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	be authorised by this certificate until (date)
	potential period of treatment authorised should be no longer n three years in line with Mental Welfare Commission for Scotland recommendations
Certification b	○ the RMO ○ the DMP
Signature	
Date	
ste	

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



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

Form T3A

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O The RMO is a child spe	runctions v 7.0 Ollowing form is to be used: a designated medical practitioner is required to provide a certificate for medical treatment where a patient is incapable of enting to treatment under section 237(2) of the AC. I vertex mention of the section 237(2) of the AC. I vertex mention 237(2) of the AC. I vertex mention 237(2) of the AC. I vertex mention 237(2) of the AC. I vertex meter as many vertex mention 237(2) of the AC. I vertex meter as many vertex vertex on an antipication paper where there is insufficient apace in one. I vertex meter as mention 237(2) of the AC. I vertex meter as mention 237(2) of the AC. I vertex meter as mention 237(2) of the AC. I vertex meter as mention 237(2) of the AC. I vertex meter as the section 237(2) of the AC. I vertex meter as the section 237(2)																										



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I, the above named DMP, not being the patient's RMO certify that:

the patient is incapable of understanding the nature, purpose and likely effects of the treatment;

the giving of medical treatment to the patient is authorised by virtue of the Act, or the Criminal Procedure (Scotland) Act 1995; and

Complete A or B as appropriate for treatments under section 237(3)

A O the patient is NOT resisting or objecting to treatment, and 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.

OR

B 🔿 the patient resists or objects to treatment, and it is necessary to give treatment to the patient for the purpose of:

(a) saving the patient's life;

- (b) preventing serious deterioration in the patient's condition;
- O (c) alleviating serious suffering on the part of the patient.

Notes

Where the patient is under the age of 18, certification MUST be as follows -

where the patient's RMO is a child specialist, by a designated medical practitioner approved by the Mental Welfare Commission where the patient's RMO is not a child specialist, by a designated medical practitioner approved by the Commission who is a child specialist. Where the patient is not in hospital the above certificate does not authorise the giving of treatment by force to the patient.



Patient's Name	CHINumber	
Details of Treatment		

Description of the treatment(s) including frequency. The maximum duration of the course of treatment authorised

must be stated		
1		
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



Form T3B

Certificate o	f the	Des	sigr	nate	d M	edio	al	Pra	acti	tio	ne	r									<u>`</u>	_	1 0)		_
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Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

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

