



Patient's Name

CHI Number

To be completed by the DMP or RMO

**RMO Details (where certificate granted by the patient's RMO)**

Surname

First Name

Title  GMC Number

Hospital

Ward / Clinic (If appropriate)

Telephone No.

e-mail address

Approved under section 22 of the Act by:

Health Board **NHS**

Where the patient is under the age of 18 -

I am a child specialist; or  I am NOT a child specialist (see notes)

**DMP Details (where certificate granted by DMP)**

Surname

First Name

Address

Postcode  GMC Number

Where the patient is under the age of 18 -

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 If consent to treatment has been withdrawn (in writing or otherwise) then the treatment can not be given



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**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 virtue of the Mental Health (Care and Treatment) (Scotland) Act 2003, or the Criminal Procedures (Scotland) Act 1995;
- (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)  /  /

**NB the patient cannot consent after the T2B is signed as the signed consent must exist at the time the T2B is completed.**

**The Commission advises that the T2B should not be issued more than 7 days after 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 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 T2 or T3 form for medication issued, not for subsequent forms.

/  /

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



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**Details Of Treatment (cont)**

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

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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 recommendations

**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

