

Patient's Name

CHI Number

To be completed by the DMP

DMP Details

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 below)

CERTIFICATION

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.)
- Artificial nutrition** - provision, without consent of the patient and by artificial means, of nutrition to the patient

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

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

- the patient is capable of consenting to the treatment, but does not consent, or
- the patient is incapable of consenting to the treatment below;

If the patient is capable of consenting, but is refusing consent, complete reasons why the treatment should be given.

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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



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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 T2 or T3 form for medication issued, not for subsequent forms.

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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

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: - 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



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Advance Statement (not part of the prescribed form)

To be completed by the DMP

Complete A, B or C as appropriate

A As far as is practicable to ascertain, the patient does not have an advance statement under S275 of the Act.

OR

B As far as is practicable to ascertain: the patient has made and not withdrawn an advance statement under S275 of the Act; and all decisions to authorise or not authorise treatment I have made are NOT in conflict with any wishes specified in that advance statement.

OR

C Decision(s) I have made to authorise or not authorise treatment ARE in conflict with wishes specified in an advance statement made by the patient under S275 of the Act and not withdrawn. Please record in the box below:

- The date of the advance statement(s).
- Details of all treatment(s) authorised that are in conflict with the advance statement and how.
- Where a decision that conflicts with the advance statement is a decision not to authorise treatment, please provide details of this.
- Your reasons for authorising/not authorising these treatment(s), despite the conflict with the advance statement, with reference to your consideration of the Principles of the Act.

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Where the treatment is in conflict with the advance statement, a record of the above has been sent to:

- the patient
- the patient's welfare attorney
- the patient's named person (if any)
- the patient's guardian
- the Mental Welfare Commission (a copy of this form and any other record which has been sent to the patient/ others)

Consultation (not part of the prescribed form)

To be completed by the DMP

Prior to the issuing of this certificate I have consulted with -

- (a) the patient; and
- (b) the patient's named person (if they have one); and
- (c) any guardian of the patient; and
- (d) any welfare attorney of the patient; and
- (e) such person or persons as appear to be principally concerned with the patient's medical treatment (listed below)

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It was impracticable to consult any person mentioned in (a),(b), (c) and (d) above for the following reasons:

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