

The Mental Health (Care and Treatment) (Scotland) Act 2003 (the Act)

**Certificate Of Consent To Treatment** 

T2B (S240)

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

Where not completing this form electronically, to ensure accuracy of information, please observe the following conventions:

(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.

Write clearly within the boxes in	For example													Shade circles like this ->										,		
BLOCK CAPITALS and in BLACK or BLUE ink													Not like this ->							×	$\mathbf{X} \mathbf{\varnothing}$					
Where a text box has a reference number to the left, you can extend your response on plain paper where there is insufficient space in the box. Extension sheet(s) should be clearly labelled with Patient's name and CHI number, and each extended response should be abelled with the appropriate text box reference number.																										
Patient Details																										
CHI Number																										
Surname																										
First Name(s)																										
Other / Known As																										
	'Oth	er / K	nown	As' o	could	inclu	de an	y nar	ne / a	lias tl	hat th	e pati	ent v	vould	prefe	r to b	e kno	own a	S.							
Title													1	Gei	nde	r		Male	<b>!</b>							
DoB dd/mm/yyyy			]/			]/							[ [ _ _ _				○ F	em	ale	'						
Patient's home																										
address																										
Postcode								1																		
The patient is detained in, or under the management / care of:																										
Hospital																										
Ward / Clinic	$\vdash$									$\overline{}$																



Patient's Na	ne												CI	HI N	lum	ber											
																То	be (	con	npl	ete	d b	У	the	: DI	ИP	or F	RMC
RMO Details (where cel	rtifi	icat	e g	rant	ed l	by i	the <sub>l</sub>	pat	ient	's R	МО	)															
Surname																										T	
First Name																										<del>_</del>	]
Title													G	MC	Nu	mb	er										
Hospital		T																									
Ward / Clinic (If appropriate)																											
Telephone No.																											
e-mail address																											
Approved under section 2	22 c	of th	e A	ct b	<b>y</b> :																						
Health Board NHS		T																						T			
DMP Details (where cer	tifi	cate	e gr	ant	ed k	by E	OMP	<b>'</b> )					T			T		<u> </u>									
Surname	L	$\perp$																									
First Name																											
Address																											
		T	T				T	T							T		T			Ī							
Postcode		T		<del> </del>				1	GM	C N	uml	er	1				T	<del> </del>	+								
. 50.0040									J1V1	J 14	WIIII	J-01															
Where the patient is under the □ I, the above DMP am a					it; oi	r	$\bigcirc$ I,	, the	e ab	ove	DM	Ра	m N	TOI	ас	thilc	I sp	ecia	alis	t	(se	96	not	es)			
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



Patient's Name	CHI Number
	To be completed by the DMP or RM
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;	
$\bigcirc$ (b) the patient has consented in writing to the treatment (see note	es);
<ul> <li>(c) the giving of medical treatment to the patient is authorised by (Scotland) Act 2003, or the Criminal Procedures (Scotland) Act 19</li> </ul>	
<ul> <li>(d) having regard to the likelihood of its alleviating, or preventing a patient's best interests that the treatment should be given to the p</li> </ul>	
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:	
<ul> <li>Medication to reduce sex drive - any medicine hormones) given for the purpose of reducing se</li> <li>Other medication beyond 2 months - any oth the start of compulsory treatment (e.g. antidepress)</li> </ul>	ex drive her medicine given 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 T2 or T3 form for medication issued, not for subsequent forms.	Note: The period here includes ar prior EDC, STDC, ICTO, CTO, TTD or orders under the Criminal Procedure (Scotland) Act 1995 which relate only to a single period of detention.



	Patient's Name		CHI Number											
			То	be completed by	the DMP or RMO									
Det	Details Of Treatment (cont)													
Description of the treatment(s) including frequency and duration of treatment														
1														
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														
Cert	ification by RMO or DI	MP												
Certif Signa	fied by O the RM	O O the DMP												
Date	/													
А сор	by of this form must be s	sent to the Mental Welfare Commission	within seven da	ys of issuing the ce	rtificate									

