

Section 58(3)(b) – certificate of second opinion

I (*PRINT full name, address and, if sending by means of electronic communication, email address*)

a registered medical practitioner appointed for the purposes of Part 4 of the Act (a SOAD),
have consulted

(*PRINT full name of nurse*)

a nurse and

(*PRINT full name and profession*)

who have been professionally concerned with the medical treatment of

(*PRINT full name and address of patient*).

I certify that the patient – (*Delete the phrase which does not apply*)

(a) is not capable of understanding the nature, purpose and likely effects of

(b) has not consented to

the following treatment:

(*Give description of treatment or plan of treatment. Indicate clearly if the certificate is only to apply to any or all of the treatment for a specific period.*)

(*If you need to continue on a separate sheet please indicate here () and attach that sheet to this form*)

continue overleaf

but that it is appropriate for the treatment to be given.

My reasons are as below / I will provide a statement of my reasons separately. (*Delete as appropriate*)

(When giving reasons please indicate if, in your opinion, disclosure of the reasons to the patient would be likely to cause serious harm to the physical or mental health of the patient, or to that of any other person.)

(If you need to continue on a separate sheet please indicate here () and attach that sheet to this form)

Signed

Date

/ /