

SD06 – Policy and Procedure for the Consent to Examination or Treatment

Consent to Treatment Statutory Documentation

FORM	TITLE
T1	T1 Section 57 Certificate of consent to treatment and second opinion
T2 with checklist box	T2 Section 58(3)(a) Certificate of consent to treatment
Carbonised – copy not attached	T3 Section 58(3)(b) Certificate of second opinion
SOAD Request link	https://webdataforms.cqc.org.uk/Checkbox/SOAD.aspx
T4	T4 Section 58A(3) Certificate of consent to treatment (patients at least 18 years old)
Carbonised – copy not attached	T5 Section 58A(4) Certificate of consent to treatment and second opinion (patients under 18)
Carbonised – copy not attached	T6 section 58A(5) Certificate of second opinion (patients who are not capable of understanding the nature, purpose and likely effects of the treatment)
MCT-T7	MCT T7 Section 62 Urgent Treatment; authorisation to prescribe and administer sections 57, 58 and 58A treatments without consent and/or second opinion
SCT Urgent Treatment	MCT CTO T8 Urgent Treatment, ss.64A - 64G

Section 57—certificate of consent to treatment and second opinion

(Both parts of this certificate must be completed)

PART 1

I *[PRINT full name and address]*

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

we *[PRINT full name, address and profession]*

and *[PRINT full name, address and profession]*

being two persons appointed for the purposes of section 57(2)(a) of the Act, certify that

[PRINT full name and address of patient]

(a) is capable of understanding the nature, purpose and likely effects of:

[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]

AND

continue overleaf

(b) has consented to that treatment.

Signed:	SOAD
Date:	

Signed:	Consultee 1
Date:	

Signed:	Consultee 2
Date:	

PART 2

(To be completed by SOAD only)

I, the above named registered medical practitioner appointed for the purposes of Part 4 of the Act have consulted

[PRINT full name of nurse]

a nurse

And

Name	Consultee 2
Profession	

[PRINT full name and profession]

who have been professionally concerned with the medical treatment of the patient named above and certify 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:	SOAD
Date:	

**Form T2 Regulation 27(2)
Mental Health Act 1983 section 58(3)(a)—certificate of consent
to treatment**

I	

[PRINT full name and address]

<delete the phrase which does not apply>

the approved clinician in charge of the treatment described below

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

certify that	

[PRINT full name and address of patient]

(a) is capable of understanding the nature, purpose and likely effects of: [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.]

AND

(b) has consented to that treatment.

Signed:	
Date:	

↓ CHECKLIST: Are the following on this form? Please tick box to confirm **↓**

<input type="checkbox"/> Therapeutic Group (e.g. Antipsychotic drug) <input type="checkbox"/> Specify purpose of drug if necessary (eg: for adjunct management of agitation) <input type="checkbox"/> Maximum Number of drugs which may be used in each category <input type="checkbox"/> Route or Routes	<input type="checkbox"/> PRN Medication included <input type="checkbox"/> Record of discussion with patient in clinical notes <input type="checkbox"/> All within BNF advisory maximum dosage limits <input type="checkbox"/> T2 is running concurrently with T3 dated/...../.....
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Form MCT-T7

Mental Health Act 1983

Urgent Treatment; section 62 and section 62A— Authorisation to prescribe and administer sections 57, 58 and 58A treatments without consent and/or second opinion

I [PRINT full name and address]

am the Approved Clinician in charge of the medical treatment of:-

[PRINT full name and address of patient]

Compliant with section 62 of the Mental Health Act 1983 I certify that the treatment(s) is/are

Please delete that does not apply;

(CoP 25.37) This applies only if the treatment in question is immediately necessary to:

- (a) Save the patient's life;
- (b) Prevent a serious deterioration of the patient's condition, and the treatment does not have unfavourable physical consequences which cannot be reversed;
- (c) alleviate serious suffering by the patient, and the treatment does not have unfavourable physical or psychological consequences which cannot be reversed and does not entail significant physical hazard; or
- (d) prevents patients behaving violently or being a danger to themselves or to others and the treatment represents the minimum interference necessary for that purpose, does not have unfavourable physical or psychological consequences which cannot be reversed and does not entail significant physical hazard.

Please give details below regarding the proposed treatment and the timescale for which the treatment is to be given

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ECT Statement:- If the treatment is ECT (or medication administered as part of ECT) only the first two categories above apply.

I confirm that the identified treatment(s) will only be administered under this section for as long as they continue to remain *urgent* within the meaning of section 62 of the Act, it's key principles (s.118 2), and paras. 25.37 to 25.42 of the Act's Code of Practice.

Signed:		Date:	
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On Completion of this form your must request a SOAD online.

Mental Health Act 1983
Form MCT (CTO)-T8-Urgent Treatment, ss.64A - 64G

Urgent Treatment; sections 64A - 64G Authorisation to prescribe and administer treatment under sections 58 and/or 58A for CTO patients who have NOT been recalled to hospital AND who:-

EITHER give their informed consent to the treatment(s) in question [s.64C(5)-(7)]

OR

Who lack the mental capacity to consent BUT who EITHER:-

Do not object when the treatment is administered

OR

Have had the treatment(s) authorised by the Court of Protection or an Attorney appointed by the Court for that purpose OR have a Lasting power of Attorney appointed for this purpose [s.64G].

I [PRINT full name and address]

am the doctor in charge of the medical treatment of:-

[PRINT full name and address of patient]

Compliant with **section 64A - 64G** (delete as appropriate) of the Mental Health Act 1983 I certify that the treatment(s) is/are

<1. Delete the *three* that do not apply; 2. Enter 'Y' in the box on the left for the one that does apply; 3. Enter 'N' in the corresponding three boxes that do not apply> :-

- (a) immediately necessary to save the patient's life; (s.58 and/or s.58A treatments)
- (b) a treatment which is not irreversible and is immediately necessary to prevent a serious deterioration of the patient's condition; (s.58 and/or s.58A treatments)
- (c) a treatment which is not irreversible or hazardous but is immediately necessary to alleviate serious suffering by the patient; (s.58 treatment only)
- (d) treatment which is not irreversible or hazardous, is immediately necessary, and represents the minimum interference necessary, to prevent the patient from behaving violently or being a danger to themselves or to others. (s.58 treatment only)

continue overleaf

ECT Statement:- I confirm that ECT is the treatment, or one of the treatments identified as being *urgent* within the meaning of section 64B(3), and that it is authorised **only** by virtue of satisfying either (a) or (b) above [*ie: if neither (a) nor (b) can be satisfied then ECT cannot be given as an urgent treatment*]

I confirm that the identified treatment(s) will only be administered under this section for as long as they continue to remain *urgent* within the meaning of section 64B(3) of the Act, it's key principles (s.118 2), and paras. 25.37 to 25.42 of the Act's Code of Practice.

Signed:		Date:	
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On Completion of this form your must request a SOAD online.