

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 237(3) of the Act:

- (a) electro-convulsive therapy (ECT);
- (b) vagus nerve stimulation (VNS); and,
- (c) transcranial magnetic stimulation (TMS).

Note: ECT, VNS and TMS cannot be given where the patient is capable of consenting to the treatment and refuses consent.

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.

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

Write clearly within the boxes in BLOCK CAPITALS and in BLACK or BLUE ink

For example

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Shade circles like this -> Not like this ->

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 labelled with the appropriate text box reference number.

Patient Details

CHI Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name(s)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Other / Known As

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

'Other / Known As' could include any name / alias that the patient would prefer to be known as.

Title

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Gender Male

 Female

DoB dd / mm / yyyy

--	--

 /

--	--

 /

--	--	--	--	--	--

Patient's home address

Postcode

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

The patient is detained in, or under the management / care of:

Hospital

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Ward / Clinic

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



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)

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.

NB the patient cannot consent after the T2A is signed as the signed consent must exist at the time the T2A is completed.

The patient signed this consent on (date) / /

The Commission advises that the T2A should not be issued more than 7 days after the patient signs the consent form.

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 RMO

Details Of Treatment

The treatment covered by this certificate is:

- ECT** under section 237(3)(a)
- VNS or TMS** (being treatments specified in regulations under section 237(3)(b))

Description of the treatment(s) including frequency. The maximum duration of the course of treatment authorised must be stated.

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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

