



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:

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

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

the patient is incapable of understanding the nature, purpose and likely effects of the treatment; and

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

Complete A or B as appropriate for treatments under section 237(3)

**A**  the patient is NOT resisting or objecting to treatment, 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 treatment should be given.

**OR**

**B**  the patient resists or objects to treatment, and it is necessary to give treatment to the patient for the purpose of:

- (a) saving the patient's life;
- (b) preventing serious deterioration in the patient's condition;
- (c) alleviating serious suffering on the part of the patient.

**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**

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

1

**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.

**2**

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)

**3**

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

**4**

