

ADULTS WITH INCAPACITY (SCOTLAND) ACT 2000 (“THE ACT”)

Certificate to inform decision whether to dispense with intimation under section 37(3) or action under section 37(4)

I
(full name of medical practitioner).

of
.....
.....
(professional address).

have examined
(resident’s name).

...../...../..... (resident’s date of birth).

of
(authorised establishment where resident lives) on/...../..... (date).

In my capacity as *

I am of the opinion that it would pose a serious risk to the health of the resident named above for him/her to be notified:

- that his/her capacity is to be medically examined under section 37(2) of the Act;
- of the result of that medical examination;
- that his/her affairs are to be managed under section 37 of the Act.**

The reason for this opinion is

(brief description of reason(s)).

Continued overleaf

I am not related to the resident or to any of the managers of the authorised establishment in which he/she resides, nor do I have any direct or indirect financial interest in the authorised establishment.

*** I am a medical practitioner approved by(approving body) for the purposes of section 22 of the Mental Health (Care and Treatment) (Scotland) Act 2003 as having special experience in the diagnosis or treatment of mental disorder.

* the person signing the certificate must be a medical practitioner; insert as appropriate eg GP, specialist in mental disorder.

** If any alternative is appropriate, please delete it.

*** Delete if this not the case.