

The Mental Health (Care and Treatment) (Scotland) Act 2003 (the Act)

Certificate of the Designated Medical Practitioner

T3B (S240)

Instructions v 7.0

The following form is to be used:

where a designated medical practitioner is required to provide a certificate for medical treatment(s) where a patient is refusing consent or incapable of consenting under section 240(3) of the Act in relation to the following treatment(s):

(a) any medicine (other than the surgical implantation of hormones) given for the purpose of reducing sex drive;

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

- (b) any other medicine given beyond a period of 2 months since the start of compulsory treatment; and
- (c) provision, without consent of the patient and by artificial means, of nutrition to the patient.

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.

Write clearly within the boxes in BLOCK CAPITALS and in BLACK or BLUE ink Where a text box has a refe	rone				mpl		-			oton.	dvo	ur ro		nso	on				Not	like	this this	->	×		aco in
the box. Extension sheet(s, labelled with the appropriate) sho	ould	be d	clear	rly la	bell	ed v	vith .																	
Patient Details																									
CHI Number																									
Surname]
First Name(s)																									
Other / Known As	'Othe	er / K	nown	As' c	could	includ	de an	y nan	ne / a	lias t	hat th	e pati	ent w	vould	prefe	r to b	e kno	wn as	5.						
Title													 	Gei	ndei	 r	\circ N	/ale		_[
DoB dd / mm / yyyy]/			/							 -				○ F	em	ale	 - -					
Patient's home address]
Postcode																									
The patient is detained in	, or	unc	ler t	he i	man	age	eme	nt /	car	e of	:														
Hospital																									
Ward / Clinic if appropriate																									



Where the patient is under the age of 18 -

Patient's RMO

○ The RMO is a child specialist ○ The RMO is NOT a child specialist

(see notes - page 2)

Patient's Na	me												Cŀ	HI N	uml	oer									
																		T	o b	e co	om	plet	ed b	y th	e DMP
DMP Details																									
Surname																									
First Name																					ĺ				
Address																									
																					Ī				
Postcode								(ĠМ	C N	umb	er													
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 b	y thi	s ce	ertifi	cate	is:																				
 Medication to reduce sex drive - any medicine (other than the surgical implantation of hormones) given for the purpose of reducing sex drive Other medication beyond 2 months - any other medicine given beyond 2 months since the start of compulsory treatment (e.g. antidepressants, anxiolytics, antipsychotics etc.) 																									
O Artificial nutrition patient	- pr	ovis	sion,	wit	hou	t co	nse	nt o	of the	e pa	itier	ıt ar	nd b	y ar	tific	ial n	neai	ns,	of n	utrit	tion	to th	he		
I, the above named DMF	o, no	ot be	eing	the	pat	ient	's R	МО) cer	rtify	that														
the giving of medical Act 1995; and	trea	atmo	ent t	o th	e p	atie	nt is	aut	thor	isec	l by	virt	ue c	of th	e Ad	ct, c	r th	e C	rimi	nal I	Pro	ced	ure (Scot	:land)
having regard to the patient's best interes													eter	iora	tion	in,	the	pati	ent'	s co	ond	ition	, it is	in th	е
O the patient is capa	ble	of c	onse	enti	ng t	o th	e tre	eatn	nen	t, bu	ıt do	es	not	con	sen	t, o	r								
O the patient is incap	oable	e of	con	ser	nting	j to	the	trea	ıtme	ent b	elo	w;													
f the patient is capable of	con	sen	itina	hu	t is	refi	ısind	1 CO	nse	nt (com	nlet	te re	2250	ns '	why	the	tre	atm	ent	sho	nıld	he c	iiven	
1			3	,				,		,															

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



	Patie	ent's Name			CHI Number		
						To be completed	by the DMP
Deta	ails of Treati	ment					
bey med in th requ	ond 2 months dication for m his period of c uired only for	s, record the nental disord detention. No the first T2	other medication e date any der was first given lote that this is or T3 form for ubsequent forms.	/ 🔲	/	Note: The period here in prior EDC, STDC, ICTO, or orders under the Crimi Procedure (Scotland) Act relate only to a single per detention	CTO, TTD nal 1995 which
	ription of the	treatment(s) including frequency and dur	ation of tr	eatment		
2							
Tı	reatment can	be authoris	sed by this certificate until (da	te)	/ / / /		
	the - for	e description o certificates a	uthorising nutrition by artificial means f treatment above, uthorising medication, the potential p in line with Mental Welfare Commiss	eriod of trea	tment authorised shoul	ld be no longer	
Sigi	nature						
Sign by the	ed e DMP						
Date dd / mr	e m / yyyy		//				
A co	py of this forr	n must be s	sent to the Mental Welfare Co	mmission	within seven days	of issuing the certificat	e



			Patient's Name		CHI Number								
Aa	lva	nce S	Statement (not p	part of the prescribe	ed form)		To be completed b	y the DMP					
Com	plet	e <i>A, B</i>	or C as appropriat	 te 									
Α	0	As fa	r as is practicable	to ascertain, the patier	nt does not have an a	idvance statemer	nt under S275 of the Act.						
OI	₹												
В	0	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.											
OI	₹												
С	O 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											
		Wher	e the treatment is	in conflict with the adv	ance statement, a red	cord of the above	has been sent to:						
		○ the	patient		O the patient's	welfare attorney] 					
		○ the	patient's named p	person (if any)	O the patient's	guardian		I I 1					
		○ the	Mental Welfare C	Commission (a copy of	this form and any oth	er record which h	nas been sent to the patient/	others)					
Co	ns	ultati	on (not part of	the prescribed form	1)		To be completed by	y the DMP					
Prio	r to	the is	ssuing of this cer	rtificate I have consu	Ited with -								
○ (a) th	e pat	ient; and										
○ (b) th	e pat	ient's named per	rson (if they have one	e); and								
○ (c) ar	าy gua	ardian of the pati	ient; and									
○ (d) ar	ny we	Ifare attorney of	the patient; and									
○ (e) sı	ıch pe	erson or persons	s as appear to be prin	ncipally concerned v	with the patient's	s medical treatment (listed	l below)					
3													
It wa	ıs i	mpra	cticable to consu	ult any person mentic	oned in (a),(b), (c) a	nd (d) above for	r the following reasons:						
4													

