

**Section 58(3)(a) – certificate of consent to treatment**

I (PRINT full name and address)

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) (*delete the phrase which does not apply*) 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

/      /