# Form CTO2 - Regulation 6(2)(b) Mental Health Act 1983

## Section 17B — Variation of conditions of a community treatment order

I [PRINT full name, address and, if sending by means of electronic communication, email address of the responsible clinician]

am the responsible clinician for

[PRINT full name and address of the community patient].

I am varying the conditions attaching to the community treatment order for the above named patient.

The conditions made under section 17B(2), as varied, are: [List the conditions as varied in full (including any which are not being varied) or state that there are no longer to be any such conditions.]

[If you need to continue on a separate sheet please indicate here and attach that sheet to this form]

The variation is to take effect from [date].

I confirm that I consider the above conditions to be necessary or appropriate for one or more of the following purposes:

x to ensure that the patient receives medical treatment

x to prevent risk of harm to the patient’s health or safety

x to protect other persons.

Signed Responsible clinician

Date

### THIS FORM MUST BE FURNISHED AS SOON AS PRACTICABLE TO THE MANAGERS OF THE RESPONSIBLE HOSPITAL

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Mental Health

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