

**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*)

*continue overleaf*

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:

- to ensure that the patient receives medical treatment
- to prevent risk of harm to the patient's health or safety
- to protect other persons.

Signed

Date

/ /

Responsible clinician

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