

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

I (*PRINT full name, address and, if sending by means of electronic communication, email 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

/ /