

Urgent treatment under Section 62 of the Mental Health Act 1983

Please indicate if the Section 62 for ECT [] or Medication []
 (tick whichever applies)

I the Responsible Clinician/Approved Clinician
 (Full Name and Address of RC/AC)

In my opinion:
 (Full name and address of patient)

(delete the statement which does not apply)

- (a) is capable of understanding the nature, purpose and likely effects of the treatment outlined below and has refused consent.
- OR**
- (b) is not capable of understanding the nature, purpose and likely effects of the treatment outlined below.

Is Section 62 being used for **(tick whichever applies)**:

- A. One-off treatment []
- OR**
- B. Plan of treatment []

A. One-off treatment
 (Detail treatment authorised)

In my opinion this treatment is immediately necessary to **(tick whichever applies)**:

- a) save the patient's life []
- b) prevent a serious deterioration of the patient's condition and the treatment does not have unfavourable physical or psychological consequences which cannot be reversed []
- c) Alleviate serious suffering by the patient, and the treatment does not have unfavourable physical or psychological consequences which cannot be reversed and does not entail significant physical hazard or [] **(not applicable for ECT or medication administered as part of ECT)**
- d) prevent patients behaving violently or being a danger to himself or others, and the treatment represents the minimum interference necessary for that purpose, does not have unfavourable physical or psychological consequences which cannot be reversed and does not entail significant physical harm [] **(not applicable for ECT or medication administered as part of ECT)**

B. Plan of treatment

I certify that discontinuation of current treatment and/or a plan of treatment pending compliance with Section 57 would cause serious suffering to the patient.

Has a request been made for a second opinion? **YES/NO**
 Date the request was made
 Length of time treatment given

Signed: **Date:**