

Referral for second opinion under section 59(2)(b)

Patient name:		
Date of birth:		
Address:		
7.00.000.		
The patient is currently receiving (Compulsory Assessment and	g treatment under the following section of the Mental Health Treatment) Act 1992:	
The patient has not given conscilinician:	ent in writing for the following treatment directed by the responsible	
The patient has had the treatme	ent explained in accordance with section 67:	
	Yes No	
The responsible clinician consideration of the responsibility of the responsibi	ders the above treatment to be in the interests of the patient and refers	
1992.	of a second opinion under section 59(2)(b) of the Mental Health Act	
1992.	of a second opinion under section 59(2)(b) of the Mental Health Act ychiatrist appointed for the purposes of s 59(2)(b) by the Mental Health	
1992. Name and contact details of ps		
1992. Name and contact details of ps		
1992. Name and contact details of ps		
1992. Name and contact details of ps		
1992. Name and contact details of ps		
Name and contact details of ps Review Tribunal:		
Name and contact details of ps Review Tribunal: Responsible clinician:		
Name and contact details of ps Review Tribunal: Responsible clinician: Address:		
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Name and contact details of ps Review Tribunal: Responsible clinician: Address:		

• A copy of this notice has been sent to the Director of Area Mental Health Services.