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| **Substance Addiction (Compulsory Assessment and Treatment) Act 2017****Clinical Review of Patient**(Section 42 of the Act) |  |
| To: The Director of Area Addiction Services at [location] |
| **Contact information of the patient** |
| Last name |  | First name |
|       |  |       |
| Date of birth |  |
|   |   |   |   |   |   |   |   |  |
| Address |  | Postcode |
|       |  |   |   |   |   |
|  |  |

The patient is subject to a compulsory treatment order made under section 32 of the Substance Addiction (Compulsory Assessment and Treatment) Act 2017, which commenced on [start date] and expires on [end date].

I have examined the patient and consulted with other health professionals engaged in the treatment and care of the patient. I have taken the views of those health professionals into account in assessing the results of my review of the patient’s condition.

In my opinion [patient's name] is:

[ ]  fit to be released from compulsory treatment status

**OR**

[ ]  **not** fit to be released from compulsory treatment status.

I shall send a copy of this certificate to each of the following: *(tick as applicable)*

[ ]  the patient

[ ]  the patient’s principal caregiver

[ ]  any welfare guardian of the patient (if the Court has nominated one)

[ ]  the patient’s nominated person (if the patient has nominated one)

[ ]  any person who is a guardian of a child of the patient

[ ]  any agency involved in providing relevant services to the patient

[ ]  a district inspector.

I shall be sending a copy of this certificate to the Director of Area Addiction Services, together with any other relevant reports relating to the patient’s care and treatment.

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| **Contact details and signature of the responsible clinician** |
| Last name |  | First name |
|       |  |       |
| Address |  | Postcode |
|       |  |   |   |   |   |
|  |  |
| Email address |  | Contact phone number |
|       |  |   |   |   |   |   |   |   |   |   |   |   |   |

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|  |  |   |   |   |   |   |   |   |   |
| Signature of responsible clinician |  | Date |