

# Form TC 8

## Regulation 29(5)

### Mental Health Act 1983 Part 6 - transfer of patient subject to compulsion in the community

#### PART I

*(To be completed by the Responsible Clinician)*

*(name and address)*

I

  

am the responsible clinician for

*(full name and address of patient)*

  
  

who is treated as if subject to a community treatment order having been transferred to Wales.

The conditions to which the patient is to be subject by virtue of the community treatment order are that:

1. the patient is to make himself or herself available for examination under section 20A, as requested
2. if it is proposed to give a certificate under Part 4A that falls within section 64C(4) of the Act in the patient's case (SOAD Part 4A Certificate), the patient is to make himself or herself available for examination to enable the certificate to be given, as requested.

The patient is also to be subject to the following conditions (if any) under section 17B(2) of the Act:

*(set out conditions)*

**Please turn over**

**Form TC 8 (Cont'd)**

I confirm that I consider the above conditions to be made under section 17B(2) of the Act are 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:** ..... the Responsible Clinician

**Date:** .....

**PART 2**

*(To be completed by an approved mental health professional)*

*(full name and address)*

I

*(name of local social service authority)*

am acting on behalf of

*(delete as appropriate)*

and am approved to act as an approved mental health professional for the purposes

*(name of LSSA that approved you, if different)*

of the Act by that authority/

I agree that the conditions made above under section 17B(2) are necessary or appropriate for one or more of the purposes specified.

**Signed:** .....  
an Approved Mental Health Professional

**Date:** .....

**PART 3**

*(To be completed on behalf of the hospital managers of the responsible hospital)*

The above named patient arrived at the place where he or she is to reside in Wales  
(date) on  , and as a consequence is treated as if a community  
treatment order has been made.

**Signed:** ..... on behalf of  
managers of the responsible hospital

**Name:** .....

**Date:** .....