

**Treatment plan for patients**

receiving ongoing treatment under the terms of Part 5 of the Adults with Incapacity (Scotland) Act 2000.

Name of patient..... Date of birth...../...../.....

Address.....

.....

I have examined the patient named above on...../...../.....(Date) and consider that he/she needs to undergo procedures to safeguard or promote physical or mental health in relation to the treatment plan below. I have assessed his/her capacity to consent to treatment in relation to each area of intervention.

| <b>Disorder/intervention</b><br>(See note A)      | <b>Capacity</b><br>C = capable<br>I = incapable |
|---|---|
| 1. Fundamental healthcare procedures (see note B) |   |

I have consulted the following people over this treatment plan and over the patient's capacity (see note C):

Name.....Designation.....  
 Address.....

Name.....Designation.....  
 Address.....

Signed.....