## ADULTS WITH INCAPACITY (SCOTLAND) ACT 2000 (Report under Section 48 to Second Opinion Doctor)

Medical Practition treatment:	er primarily responsible for me	edical	Dr	
Patient's Name: Address:			ate of Birth: HI No:	
	y: (continue overleaf if nece	essary)		
(a) Background a	nd Clinical History:			
(b) Current Clinical State:				
(c) Steps taken to comply with the Principles of the Act:				
(d) Diagnoses (an	nd ICD code, if known):	(a)		
(3) = 339 (33		(b)		
Treatment Plan:				
Treatment Flam.				
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