

ADULTS WITH INCAPACITY (SCOTLAND) ACT 2000

Report on Section 50 Second Opinion Visit by:

Medical Practitioner primarily responsible for treatment:

Name and role of person authorised to consent to treatment:

Adult's Name:
 Address:

Date of Birth:
 CHI No:

Treatment Proposed:

Clinical Information:

Names and roles (eg, welfare, guardian, carer, GP) of persons consulted:

Opinion:

Reasons for opinion:

Signed: -----Nominated Practitioner

Date: -----