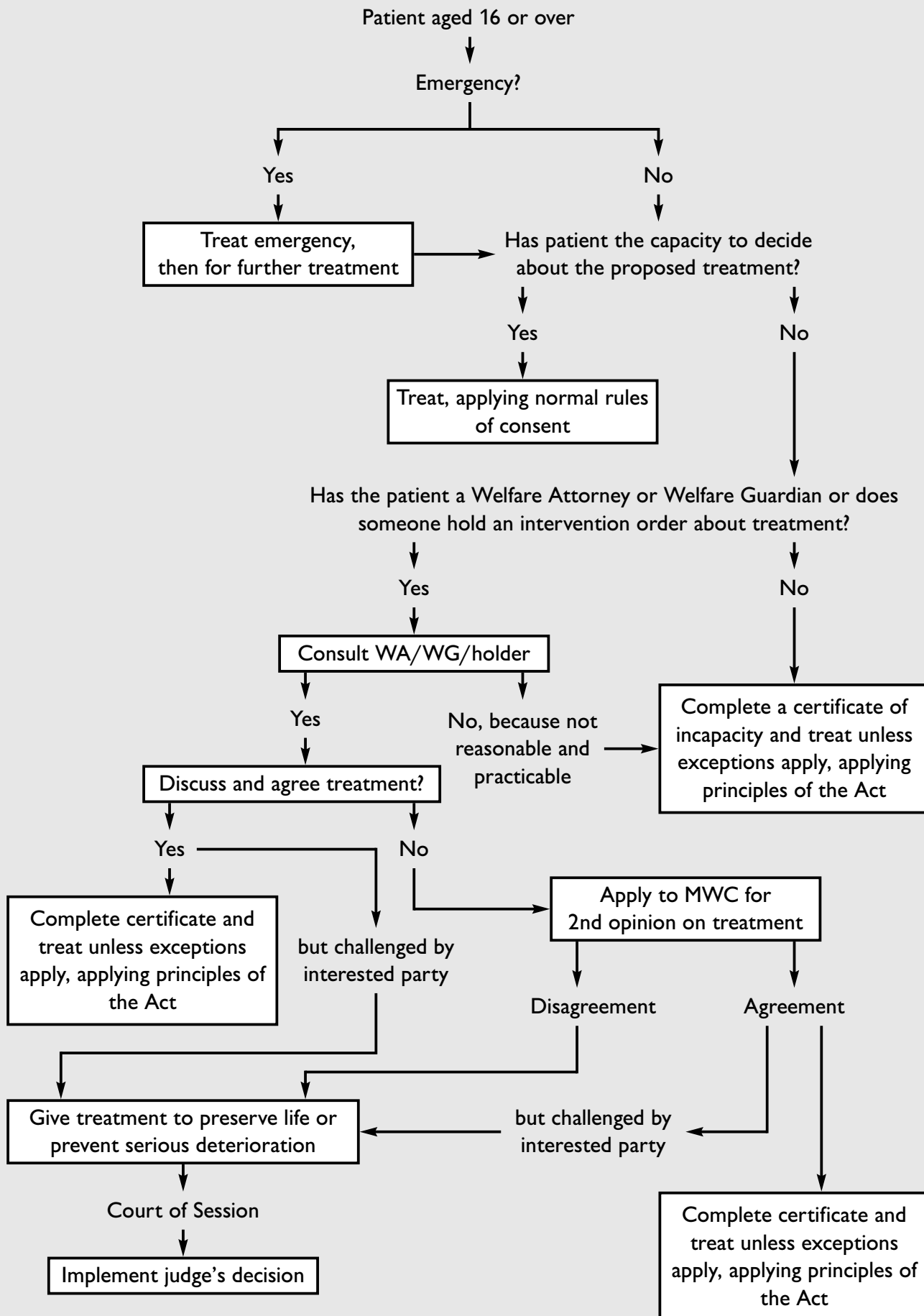


# ADULTS WITH INCAPACITY (SCOTLAND) ACT 2000

## PART 5 - MEDICAL TREATMENT - FLOWCHART



ADULTS WITH INCAPACITY  
(SCOTLAND) ACT 2000

Certificate of Incapacity under Section 47 of the  
Adults with Incapacity (Scotland) Act 2000

I [redacted] (name)

of [redacted] (address)

\*am the medical practitioner primarily responsible for the medical treatment of; or

\*am a person who is \*a dental practitioner/an ophthalmic optician/a registered nurse and who satisfies such requirements as are prescribed by the Adults with Incapacity (Requirements for Signing Medical Treatment Certificates) (Scotland) Regulations 2007 and who is primarily responsible for treatment of the kind in question of:

[redacted] (name)

of [redacted] (address) [D][D][M][M][Y][Y] (date of birth)

for whom the \*guardian/welfare attorney/person appointed by intervention order/nearest relative/carer

is [redacted]

I have examined the patient named above on [D][D][M][M][Y][Y] (date). I am of the opinion that \*he/she is incapable within the meaning of the Adults with Incapacity (Scotland) Act 2000 ("the 2000 Act") in relation to a decision about the following medical treatment:

Invasive podiatric interventions (full range below but not necessarily all involved):  
High risk nail cutting (peripheral vascular disease); sharp debridement of corns/callous/wounds (including swabs/tissue samples/removing fragments of loose bone; nail surgery (includes use of local anaesthetic (LA)) and post surgical dressings; LA to facilitate ingrown toenails or verruca needling; steroid injections; administration of adrenaline

because of (nature of incapacity) [redacted]

This incapacity is likely to continue for [redacted] months.

\*I therefore consider it appropriate for the authority conferred by section 47(2) of the 2000 Act to subsist from:

[D][D][M][M][Y][Y] (date of examination) until [D][D][M][M][Y][Y], being a period which does not exceed one year from the \*date of the examination on which this certificate is based/date of revocation of the certificate issued previously by me; or

\*I am of the opinion that (a) \*he/she is suffering from \*a severe or profound learning disability/dementia/a severe neurological disorder; and (b) \*what he/she is suffering from is unlikely to improve within the meaning of the Adults with Incapacity (Conditions and Circumstances Applicable to Three Year Medical Certificates) (Scotland) Regulations 2007/ [Y][Y] and therefore consider it appropriate for the authority conferred by section 47(2) of the 2000 Act to subsist until:

[D][D][M][M][Y][Y] being a period which does not exceed three years from the \*date of the examination on which this certificate is based/date of revocation of the certificate issued previously by me.

The authority conferred by section 47(2) of the 2000 Act shall subsist for the period specified above or until such earlier date as this certificate is revoked.

In assessing the capacity of the patient, I have observed the principles set out in section 1 of the 2000 Act.

Signed [redacted] Date [D][D][M][M][Y][Y]

\*delete as appropriate