

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

I.....(name)

of..... (address)

being the medical practitioner primarily responsible for the medical treatment of

.....(name)

of.....

.....(address)...../...../.....(date of birth)

for whom the guardian/welfare attorney/person appointed by intervention order/nearest  
relative/carer is.....

have today examined the patient named above. I am of the opinion that he/she is incapable in  
terms of the Adults with Incapacity (Scotland) Act 2000 (“the Act”) because of

.....(nature of incapacity)

in relation to a decision about the following medical treatment.....

.....

.....

This incapacity is likely to continue for.....months. I therefore consider it appropriate for  
medical treatment to be authorised by this certificate until...../...../.....(a date not  
more than one year later than the date of the examination on which this certificate is based) 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 Act.

Signed..... Date...../...../.....