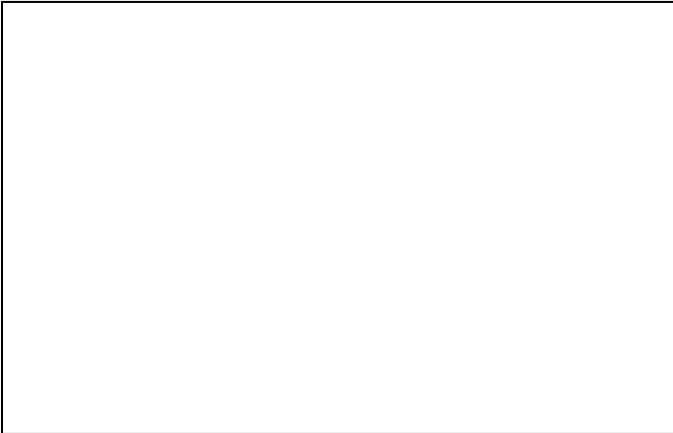




Department of Health & Community Services
Mental Health Care and Treatment Act
Section 17(1)



PLEASE PRINT LEGIBLY

COPY: Original Patient Patient Representative Administrator

First Certificate of Involuntary Admission

I, the undersigned physician/nurse practitioner _____, hereby certify that
(please print name)
at _____, at _____ time, on the _____ day of
(please print address) *(am/pm)*
_____ month and _____ year, I personally conducted a psychiatric assessment of:

Name of person: _____
Address: _____
MCP Number: _____
(if applicable) _____

I hereby certify that I have made careful inquiry into all the facts necessary for me to form an opinion as to the nature of the named person's mental condition. As a result of this assessment, I am of the opinion that _____ (1) has a mental disorder¹
(please print person's name)
and (2) as a result of that mental disorder:

- (A) Is likely to cause harm to himself or herself or to others or to suffer substantial mental or physical deterioration or serious physical impairment if he or she is not admitted to and detained in a psychiatric unit as an involuntary patient;
- (B) Is unable to fully appreciate the nature and consequences of the mental disorder or to make an informed decision regarding his/her need for treatment or care and supervision; and,
- (C) Is in need of treatment or care and supervision that can be provided only in a psychiatric unit and is not suitable for admission as a voluntary patient.

My opinion is based on:²

¹ "mental disorder" means a disorder of thought, mood, perception, orientation or memory that impairs (i) judgment or behaviour, (ii) the capacity to recognize reality, or (iii) the ability to meet the ordinary demands of life, and in respect of which psychiatric treatment is advisable (MHCTA, 2006, s. 2 (1) (k)).

² The facts observed by the physician/nurse practitioner must be distinguished from those that have been communicated by another person. Additional information may be attached (MHCTA, 2006, s. 17 (1) (c)).



Signature of Physician/Nurse Practitioner *Time* *Date*

Second Certificate of Involuntary Admission

Date/Time of Arrival at the Second Facility: _____

I, the undersigned psychiatrist³ _____, hereby certify that
(please print name)
at _____, at _____ time, on the _____ day of
(please print address) *(am/pm)*
_____ month and _____ year, I personally conducted a psychiatric assessment of:

Name of person: _____
Address: _____
MCP Number: _____
(if applicable) _____

I hereby certify that I have made careful inquiry into all the facts necessary for me to form an opinion as to the nature of the named person's mental condition. As a result of this assessment, I am of the opinion that _____ (1)
(please print person's name)
has a mental disorder⁴ and (2) as a result of that
mental disorder:

³ The Act permits a physician to sign the second certificate where a psychiatrist is not readily available (MHCTA, 2006 Sec. 17 (2) b).

- (A) Is likely to cause harm to himself or herself or to others or to suffer substantial mental or physical deterioration or serious physical impairment if he or she is not admitted to and detained in a psychiatric unit as an involuntary patient;
- (B) Is unable to fully appreciate the nature and consequences of the mental disorder or to make an informed decision regarding his/her need for treatment or care and supervision; and,
- (C) Is in need of treatment and supervision that can be provided only in a psychiatric unit and is not suitable for admission as a voluntary patient.

The following facts⁵ and reasons for my opinion above are as follows:

Signature of Physician

Time

Date

Regional health authorities acknowledge and respect the privacy of individuals. This personal information is being collected under the Authority of Sections 32 and 33 of the *Personal Health Information Act*, and will be used for plan of care. Please direct any questions about this collection to the Privacy Officer within your region.

⁴ "mental disorder" means a disorder of thought, mood, perception, orientation or memory that impairs (i) judgment or behaviour, (ii) the capacity to recognize reality, or (iii) the ability to meet the ordinary demands of life, and in respect of which psychiatric treatment is advisable (MHCTA, 2006, s. 2 (1) (k)).

⁵ The facts observed by the physician must be distinguished from those that have been communicated by another person. Additional information may be attached (MHCTA, 2006, s. 17 (1) (c)).