



Name of patient \_\_\_\_\_  
(print name of patient)

Name of physician \_\_\_\_\_  
(print name of physician)

Name of psychiatric facility \_\_\_\_\_  
(name of psychiatric facility)

Date of examination \_\_\_\_\_  
(date)

I hereby certify that the following three pieces of information are correct:

1. I personally examined the patient on the date set out above.
2. I am of the opinion that the patient named above is not suitable for voluntary or informal status.
3. Complete one or more boxes as appropriate.

I am of the opinion that the patient named above meets the criteria set out in Box A.  
(please complete Box A below)

I am of the opinion that the patient named above meets each of the criteria set out in Box B.  
(please complete Box B below)

**Box A – Risk of Serious Harm**

**Note: Check one or more boxes as appropriate.**

The patient is suffering from mental disorder of a nature or quality that likely will result in:

serious bodily harm to the patient,  
 serious bodily harm to another person  
 serious physical impairment of the patient

unless he or she remains in the custody of a psychiatric facility.

**Box B – Patients who are Incapable of Consenting to Treatment and Meet the Specified Criteria**

**Note: The patient *must* meet *all* of the following five criteria.**

1. The patient has been found incapable, within the meaning of the *Health Care Consent Act, 1996* of consenting to his or her treatment in a psychiatric facility and the consent of his or her substitute decision-maker has been obtained.

2. The patient has previously received treatment for mental disorder of an ongoing or recurring nature that, when not treated, is of a nature or quality that likely will result in one or more of the following: (please indicate one or more)

serious bodily harm to the patient,  
 serious bodily harm to another person,  
 substantial mental or physical deterioration of the patient, or  
 serious physical impairment of the patient;

(Disponible en version française)

See reverse.

**Box B – Patients who are Incapable of Consenting to Treatment and Meet the Specified Criteria**  
*(continued)*

3. The patient has shown clinical improvement as a result of the treatment.
4. The patient is suffering from the same mental disorder as the one for which he or she previously received treatment or from a mental disorder that is similar to the previous one.
5. Given the person's history of mental disorder and current mental or physical condition, is likely to:  
*(please indicate one or more)*
  - cause serious bodily harm to himself or herself, or
  - cause serious bodily harm to another person, or
  - suffer substantial mental or physical deterioration, or
  - suffer serious physical impairment

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(Date of signature)

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(signature of attending physician)

**Notes**

- 1) This certificate is valid for *14 calendar days*, including the day upon which it was signed.
- 2) The following actions must be taken promptly after this form is signed:
  - a) The signing physician must give the patient a properly executed Form 30 notice and notify a rights adviser.
  - b) The rights adviser must meet with the patient and explain to him or her the significance of the certificate and the right to have it reviewed by the Consent and Capacity Board.

*(Disponible en version française)*

## Notice to Patient under Subsection 38(1) of the Act

## Form 30

### *Mental Health Act*

To: \_\_\_\_\_  
(print name of patient)  
of \_\_\_\_\_  
(home address)

Under Section 20 } This is to inform you that you are being detained under the authority of a

- Certificate of Involuntary Admission (Form 3)  
or
- Certificate of Renewal (Form 4)  
or
- Certificate of Continuation (Form 4A)

which expires on \_\_\_\_\_  
(date of expiry)

I completed this certificate on \_\_\_\_\_  
(date)

**Part A and/or Part B must be completed**

## Part A

I am of the opinion that

a) you are suffering from mental disorder of a nature or quality that likely will result in:

- serious bodily harm to yourself,
- serious bodily harm to another person,
- serious physical impairment of you.

unless you remain in the custody of a psychiatric facility; and

b) that you are not suitable for admission or continuation as an informal or voluntary patient.

## Part B

I am of the opinion that:

a) you have previously received treatment for mental disorder of an ongoing or recurring nature that, when not treated, is of a nature or quality that likely will result in:

- serious bodily harm to yourself,
- serious bodily harm to another person,
- substantial mental or physical deterioration of you, or
- serious physical impairment of you,

b) you have shown clinical improvement as a result of the treatment;

c) you are suffering from the same mental disorder as the one for which you previously received treatment or from a mental disorder that is similar to the previous one;

**Part B (continued)**

d) given your history of mental disorder and current mental or physical condition, you are likely to

- cause serious bodily harm to yourself,
- cause serious bodily harm to another person,
- suffer substantial mental or physical deterioration, or
- suffer serious physical impairment;

e) you have been found incapable, within the meaning of the *Health Care Consent Act, 1996* of consenting to your treatment in a psychiatric facility and the consent of your substitute decision-maker has been obtained; and

f) you are not suitable for admission or continuation as an informal or voluntary patient.

If you wish to challenge your detention, you have the right to a hearing before the Board. You may apply for a hearing by completing Form 16 (attached).

**Part C must be completed if applicable**

You are subject to a \_\_\_\_\_ Certificate of Continuation.  
(e.g. first, second, etc.)

You have the right to apply to the Board for one or more orders under section 41.1 of the Act when a first Certificate of Continuation is completed and on the completion of a subsequent Certificate of Continuation if the application is submitted 12 months after the most recent application to the Board. The Board must be satisfied that there has been a material change in circumstances in order for an application to be heard by the Board at an earlier date.

You may apply for a hearing for an order under section 41.1 by completing Form 51 along with either Form 16 or Form 17 (attached).

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(date)

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(Signature of attending physician)

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(print name of attending physician)

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(print name of psychiatric facility)

After you receive this notice, a person called a "rights adviser" will meet with you to inform you as to your rights and help you in applying for a hearing if that is what you wish to do. You have the right to retain and instruct a lawyer without delay.

For further information or assistance with anything mentioned in this notice, please contact

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(print name of appropriate staff member(s))

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( )

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(telephone no.)

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(print name of psychiatric facility)

**Note: The attending physician who completes a Certificate of Involuntary Admission, a Certificate of Renewal or a Certificate of Continuation shall promptly notify a rights adviser.**

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(date and time rights adviser notified)