

I N S T R U C T I O N S

Two physicians must each complete separate copies of this form within 24 hours of the patient's arrival at the hospital.

The two copies of this form must be provided to the:

- Capability and Consent Board (fax 867-633-6954); and
- Chief Executive Officer, Whitehorse General Hospital.

The two copies of this form, along with a blank copy of Form 9 (Application to the Capability and Consent Board), must also be provided to the:

- patient, along with a blank copy of Form 8 (Waiver of Right to an Automatic Hearing); and
- patient's nearest relative, proxy or guardian if available.

This certificate is valid for 21 days only.

IN THE MATTER OF the *Mental Health Act*

AND IN THE MATTER OF _____, hereinafter called the patient.
Name of person

I, _____, a medical practitioner licensed to practise in the Yukon Territory, personally examined the patient, whose usual place of residence is _____, on _____, Date (day/month/year)
at _____, in _____, Yukon.
Time (a.m./p.m.)

1. Pursuant to sections 12 and 13 of the *Mental Health Act*, I undertook an examination to determine the patient's need for care and treatment by determining the presence, nature and degree of severity of the patient's mental disorder at the time of the examination. The results of this inquiry are as follows.

Describe affective, cognitive and behavioural presentation of the patient upon interview/examination such as attitude, general appearance, motor behaviour, speech, emotional state, thought processes, thought content, perceptions, intellectual functioning, insight, judgment and diagnosis:

Check here if appending a copy of your examination notes as evidence for your opinions; the original is to be filed on the patient's medical record.

4. Select A or B

A In my opinion, the patient is not suffering from a mental disorder and should be released.

OR **B** In my opinion, there is evidence to support a diagnosis of _____

1. It is my opinion that the patient is not a candidate for voluntary or involuntary admission and should be released from the hospital, on the grounds that:

OR **2.** It is my opinion that the patient is not a candidate for involuntary admission and will be admitted as a voluntary patient, on the grounds that:

OR **3.** It is my opinion that the severity of the mental disorder suffered by the patient at this time is such that unless the patient remains in the custody of a hospital, is likely to result in:

serious bodily harm to himself or herself or to another person, on the grounds that:

Provide evidence in support of your opinion

OR the patient's impending serious mental or physical impairment, on the grounds that:

Provide evidence in support of your opinion

AND the patient is not suitable for admission as a voluntary patient, on the grounds that:

Provide evidence in support of your opinion

DATED at _____,
this _____ day of _____ month, _____ year.

SIGNATURE OF PHYSICIAN

PRINTED NAME OF PHYSICIAN

SIGNATURE OF WITNESS