

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

This form is to be completed by the attending physician. The authorization of the Capability and Consent Board is required for treatment of a patient when the patient is not competent to consent and substitute consent has been given for a chemotherapy regime lasting longer than three months.

The treatment plan for the patient must be appended, and this form must be provided to the:

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

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, state the following facts in support of my opinion expressed in the attached treatment plan for a chemotherapy regime lasting longer than three months.

Application is hereby made for an order authorizing the proposed course of treatment.

Substitute decision-maker _____
Name

Address _____
Address Telephone

Note: Treatment plan must be appended to this form.

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

} _____
SIGNATURE OF PHYSICIAN

} _____
PRINTED NAME OF PHYSICIAN