

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

This form is to be completed by the Chair of the Capability and Consent Board following a review of Form 13 (Notice of Intention to Transfer an Involuntary Patient (Yukon Resident)).

Copies of this form must be provided to the:

- attending physician;
- Chief Executive Officer, Whitehorse General Hospital;
- patient;
- substitute decision-maker, if the patient is not competent to consent to the transfer; and
- Director of Insured Health Services.

**IN THE MATTER OF** *the Mental Health Act*

**AND IN THE MATTER OF** \_\_\_\_\_, hereinafter called the patient.  
Name of person

The Capability and Consent Board has reviewed Form 13 (Notice of Intention to Transfer an Involuntary Patient (Yukon Resident)), about transferring the patient, to \_\_\_\_\_  
Name of hospital  
 for the receipt of mental health services.

**Choose A OR B**

- A.  It is the opinion of the board that there are sufficient grounds for transferring the patient.
- B.  It is the opinion of the board that there are not sufficient grounds for transferring the patient at this time.

The reasons for the decision above are \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DATED** at \_\_\_\_\_,  
 this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
month                      year

} \_\_\_\_\_  
SIGNATURE OF CHAIR OR VICE-CHAIR

} \_\_\_\_\_  
PRINTED NAME OF CHAIR OR VICE-CHAIR

Information on this form is being collected pursuant to the *Mental Health Act* to provide notice to the Capability and Consent Board, Whitehorse General Hospital, Insured Health Services and the patient's physician regarding a decision to transfer a patient. For more information, contact the Health and Social Services ATIPP Coordinator (H-1), Box 2703, Whitehorse, Yukon Y1A 2C6, (867) 667-3010.