Yukon
Health and Social Services

Form 15
MENTAL HEALTH ACT
Section 25(1)

APPLICATION FOR TRANSFER OF A NON-RESIDENT INVOLUNTARY PATIENT

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

This form must be completed by the attending physician or the two physicians who have completed Form 7 (Certificate of Involuntary Admission).

Copies must be provided to the:

- ☐ Chief Executive Officer, Whitehorse General Hospital; 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

I, _____, a medical practitioner licensed to practise in the Yukon Territory, hereby approve transfer of the patient, a resident of _____, to _____, a provincially approved facility located at _____, in the province of _____ on or about _____.
Date (day/month/year)

I formed the opinion as to the need to transfer the patient to the above-named facility based on the following facts:

_____

_____

_____

_____

_____

_____

_____

_____

☐ The patient is apparently competent to consent to treatment, and has been advised of the intention to transfer him/her.

☐ The patient is apparently not competent to consent to treatment and the substitute decision-maker has been advised of the intention to transfer him/her.

DATED at _____,

this_____ day of_____ , _____.
month year

_____
SIGNATURE OF WITNESS

_____
SIGNATURE OF PHYSICIAN

_____
PRINTED NAME OF PHYSICIAN

_____
SIGNATURE OF PHYSICIAN

_____
PRINTED NAME OF PHYSICIAN

Information on this form is being collected pursuant to the *Mental Health Act* to provide notice to Whitehorse General Hospital and Insured Health Services regarding an intention 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.