





**4. Select A or B or C**

A It is my opinion that at this time the patient is not suffering from a mental disorder and should be released.

**or**  B It is my opinion that at this time the patient is suffering from a mental disorder and, further, it is my opinion that the patient is **not** likely to cause bodily harm to himself or herself or any other person as a result of the mental disorder **nor** is the patient likely to suffer impending serious physical impairment as a result of the mental disorder and should be released.

**or**  C It is my opinion the patient is suffering from a mental disorder. Further, I believe on reasonable grounds that the person, as a result of a mental disorder is:

threatening or attempting to cause bodily harm to himself or herself or has recently done so **AND** is likely to cause bodily harm to himself or herself, on the grounds that:

**or**  behaving violently towards another person or has recently done so **AND** is likely to cause bodily harm to another person, on the grounds that:

**or**  causing another person to fear bodily harm or has recently done so **AND** is likely to cause bodily harm to another person, on the grounds that:

**or**  showing or has recently shown a lack of ability to care for himself or herself **AND** is likely to suffer impending serious physical impairment, on the grounds that:

(provide evidence in support of your opinion) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AND** based on the information recorded on this form, I recommend that the patient be involuntarily psychiatrically assessed in \_\_\_\_\_.

NAME OF DESIGNATED FACILITY

**DATED** at \_\_\_\_\_,  
this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Signature of physician

\_\_\_\_\_  
Printed name of physician

\_\_\_\_\_  
Signature of witness