

## FORM 15 – MENTAL HEALTH ACT, SECTION 25(1) APPLICATION FOR TRANSFER OF A NON-RESIDENT INVOLUNTARY PATIENT

This form must be completed by the attending (Certificate of Involuntary Admission).	g physician or the two physicians who have completed Form 7
Copies must be provided to the:	
Chief Executive Officer, Whitehorse Genera	al 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
l,, a mee	dical 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 <u>YYYY/MM/DD</u> .	
I formed the opinion as to the need to transfer th	e patient to the above-named facility based on the following facts:
$\Box$ The patient is apparently competent to conser	nt to treatment, and has been advised of the intention to transfer him/her.
The patient is apparently not competent to co the intention to transfer him/her.	nsent to treatment and the substitute decision-maker has been advised of
DATED at	
	Signature of physician
this day of, 20	·
	Printed name physician
Signature of witness	Signature of physician
	Printed name 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.