



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 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 YYYY/MM/DD.

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 _____, 20 ____.

Signature of physician

Printed name physician

Signature of witness

Signature of physician

Printed name physician