



FORM 10 – MENTAL HEALTH ACT, SECTION 21(4)
AUTHORIZATION FOR SPECIFIED TREATMENT

This form is to be completed by the attending physician. The authorization of the Capability and Consent Board is required for treatment of a patient when the patient is not competent to consent and substitute consent has been given for a chemotherapy regime lasting longer than three months.

The treatment plan for the patient must be appended, and this form must be provided to the:

- Capability and Consent Board (fax 867-633-6954); and
- Chief Executive Officer, Whitehorse General Hospital.

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, state the following facts in support of my opinion expressed in the attached treatment plan for a chemotherapy regime lasting longer than three months.

Application is hereby made for an order authorizing the proposed course of treatment.

Substitute decision-maker (name) _____

Address _____

Phone _____

Note: Treatment plan must be appended to this form.

DATED at _____,

this ____ day of _____, 20 ____.

Signature of physician

Printed name of physician