



FORM 12 – MENTAL HEALTH ACT, SECTION 17(2)
CERTIFICATE OF CHANGE OF STATUS

This form is to be completed by a physician in order to revoke a patient’s status as an involuntary patient under Form 7 (Certificate of Involuntary Admission) or Form 11 (Certificate of Renewal of Involuntary Admission).

Copies of this form must be provided to the:

- Capability and Consent Board (fax 867-633-6954);
- Chief Executive Officer, Whitehorse General Hospital;
- patient; and
- next-of-kin, proxy, or guardian, if available.

IN THE MATTER OF the *Mental Health Act*

AND IN THE MATTER OF _____ hereinafter called the person.
NAME OF PATIENT

I, _____, a medical practitioner licensed to practise in the Yukon Territory, examined this person on YYYY/MM/DD at _____
TIME (A.M./P.M.). I am of the opinion that this person is not, or is no longer suffering from, a mental disorder the consequence of which is likely to cause serious bodily harm to himself/herself or to others or to cause substantial mental or physical impairment if he/she is not admitted or retained as an involuntary in-patient.

I HEREBY REVOKE the following certificates in effect respecting this person.

- Form 7 (Certificate of Involuntary Admission)
- Form 11 (Certificate of Renewal of Involuntary Admission)

DATED at _____,
this ____ day of _____, 20 ____.

Signature of physician

Printed name of physician