

FORM 7 – MENTAL HEALTH ACT, SECTIONS 12 AND 13

CERTIFICATE OF INVOLUNTARY ADMISSION

Two physicians must each complete separate copie	es of this form within 24 hours of the patient's arrival at the hospital.		
The two copies of this form must be provided to	the:		
☐ Capability and Consent Board (fax 867-633-69	954); and		
☐ Chief Executive Officer, Whitehorse General Hospital.			
The two copies of this form, along with a blank of Board), must also be provided to the:	copy of Form 9 (Application to the Capability and Consent		
☐ patient, along with a blank copy of Form 8 (Waiver of Right to an Automatic Hearing); and			
patient's nearest relative, proxy or guardian if a	vailable.		
This certificate is valid for 21 days only.			
IN THE MATTER OF the Mental Health Act			
AND IN THE MATTER OF	hereinafter called the patient.		
	NAME OF PERSON		
l,	, a medical practitioner licensed to practise in the Yukon Territory,		
	of residence is		
on <u>YYYY/MM/DD</u> at _ _{TIME (A.M./P.M.)} in			
TIME (A.M./P.M.)			
Describe affective, cognitive and behavioural pre	esentation. The results of this inquiry are as follows. esentation of the patient upon interview/examination such as speech, emotional state, thought processes, thought content, gment and diagnosis:		
Check here if appending a copy of your examination the patient's medical record.	ation notes as evidence for your opinions; the original is to be filed		

YG(3989EQ)F3 Rev.07/2019 Page 1 of 3

When information based on prior knowledge is used to form your opinion, complete this section. Describe your prior knowledge:		
When information not observed directly by you is used to form your opinion, complete this section. The following behaviour of the patient was observed by others and communicated to me.		
The following behaviour of the patient was observed by others and communicated to me. a) Source of information: NAME THE SOURCE AND DESCRIBE RELATIONSHIP TO THE PATIENT		
The following behaviour of the patient was observed by others and communicated to me.		
The following behaviour of the patient was observed by others and communicated to me. a) Source of information: NAME THE SOURCE AND DESCRIBE RELATIONSHIP TO THE PATIENT b) Direct observations were made by: GIVE NAME AND DESCRIBE RELATIONSHIP TO THE PATIENT		
The following behaviour of the patient was observed by others and communicated to me. a) Source of information: NAME THE SOURCE AND DESCRIBE RELATIONSHIP TO THE PATIENT b) Direct observations were made by: GIVE NAME AND DESCRIBE RELATIONSHIP TO THE PATIENT c) Approximate date and time of observations:		
The following behaviour of the patient was observed by others and communicated to me. a) Source of information: NAME THE SOURCE AND DESCRIBE RELATIONSHIP TO THE PATIENT b) Direct observations were made by: GIVE NAME AND DESCRIBE RELATIONSHIP TO THE PATIENT c) Approximate date and time of observations:		
The following behaviour of the patient was observed by others and communicated to me. a) Source of information: NAME THE SOURCE AND DESCRIBE RELATIONSHIP TO THE PATIENT b) Direct observations were made by: GIVE NAME AND DESCRIBE RELATIONSHIP TO THE PATIENT c) Approximate date and time of observations:		
The following behaviour of the patient was observed by others and communicated to me. a) Source of information: NAME THE SOURCE AND DESCRIBE RELATIONSHIP TO THE PATIENT b) Direct observations were made by: GIVE NAME AND DESCRIBE RELATIONSHIP TO THE PATIENT c) Approximate date and time of observations:		
The following behaviour of the patient was observed by others and communicated to me. a) Source of information: NAME THE SOURCE AND DESCRIBE RELATIONSHIP TO THE PATIENT b) Direct observations were made by: GIVE NAME AND DESCRIBE RELATIONSHIP TO THE PATIENT c) Approximate date and time of observations:		
The following behaviour of the patient was observed by others and communicated to me. a) Source of information: NAME THE SOURCE AND DESCRIBE RELATIONSHIP TO THE PATIENT b) Direct observations were made by: GIVE NAME AND DESCRIBE RELATIONSHIP TO THE PATIENT c) Approximate date and time of observations:		

Patient's name: ___

Form 7

Select A	A or B		
□А	In my opinion, the patient is not suffering from a	mental disorder and should be released.	
□в	In my opinion, there is evidence to support a diag	gnosis of	
	☐ It is my opinion that the patient is not a candi released from the hospital, on the grounds th	idate for voluntary or involuntary admission and should be at:	
or	It is my opinion that the patient is not a candidate for involuntary admission and will be admitted as a voluntary patient, on the grounds that:		
or	or ☐ It is my opinion that the severity of the mental disorder suffered by the patient at this time is such that unless the patient remains in the custody of a hospital, is likely to result in:		
	☐ serious bodily harm to himself or herself or to another person, on the grounds that:		
	or the patient's impending serious ment	tal or physical impairment, on the grounds that:	
	(provide evidence in support of your opinion)		
AND the	e patient is not suitable for admission as a volunta	ry patient, on the grounds that:	
	ide evidence in support of your opinion)		
(provide	evidence in support of your opinion)		
·			
ATED at			
s d	ay of, 20	Signature of physician	
		Printed name of physician	
		Signature of witness	
		SIGNATURE OF WITHESS	

Patient's name:

Form 7