



FORM 13 – MENTAL HEALTH ACT, SECTION 24
**NOTICE OF INTENTION TO TRANSFER AN
INVOLUNTARY PATIENT (YUKON RESIDENT)**

This form must be completed by the attending physician or the two physicians who completed Form 7 (Certificate of Involuntary Admission) for the patient.

Copies of this form must be provided to the:

- Capability and Consent Board (fax 867-633-6954);
- Chief Executive Officer, Whitehorse General Hospital;
- Director of Insured Health Services;
- patient, if he/she is competent to consent; and
- substitute decision-maker, if the patient is not competent to consent to the transfer.

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 give notice to the Yukon Capability and Consent Board of the intention to transfer the patient, a resident of the Yukon, to _____, a provincially approved facility located at _____, in the province of _____ on or about YYYY/MM/DD.

The patient will be under the care of _____.
ATTENDING PHYSICIAN, IF KNOWN

The following are the facts upon which I formed the opinion as to the need to transfer the patient to the above-named facility

- The patient is apparently competent to consent to treatment and has been advised of the intention to transfer him/her, and of his/her right to participate in the review of the decision by the Capability and Consent Board.
- The patient is apparently incompetent to consent to treatment. The substitute decision-maker has been advised of the intention to transfer the patient to the above-named facility.

Copies of Form 7 (Certificate of Involuntary Admission) and Form 11 (Certificate of Renewal of Involuntary Admission) and treatment plans prepared with respect to the above-named patient are appended.

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

Signature of physician

Printed name of physician

Signature of physician

Printed name of physician