Ministry of Health

Form 1
Mental Health Act

Application by Physician for Psychiatric Assessment

Name of physician YOUR NAME
(print name of physician)

Physician address St. Michael's Hospital, 30 Bond Street, Toronto M5B 18W
(address of physician)

Telephone number (416) 360-4000 Fax number (416) 360-9999

Make sure you correctly date this section – it is the day you assessed the patient and determined a need for the form 1.

On 19-Mar-2017 (date) I personally examined PATIENT NAME (print full name of person)

whose address is PATIENT'S ADDRESS (home address)

*You may only sign this **Form 1** if you have personally examined the person within the past seven days. In deciding if a Form 1 is appropriate, you must complete **either** Box A (serious harm test) **or** Box B (persons who are incapable of consenting to treatment and meet the specified criteria test) below.*

Box A – Section 15(1) of the Mental Health Act Serious Harm Test

The Past / Present Test *(check one or more)*

You must check the SAME box in the Future Test section

I have reasonable cause to believe that the person:

- [ ] has threatened or is threatening to cause bodily harm to himself or herself
- [ ] has attempted or is attempting to cause bodily harm to himself or herself
- [ ] has behaved or is behaving violently towards another person
- [ ] has caused or is causing another person to fear bodily harm from him or her; or
- [ ] has shown or is showing a lack of competence to care for himself or herself

I base this belief on the following information *(you may, as appropriate in the circumstances, rely on any combination of your own observations and information communicated to you by others.)*

My own observations:

AKA YOUR HPI from observing the patient RIGHT NOW: Your direct observations of the words and actions of the patient in the ER (Ex. "pt says he is going to kill self "pt talking to self", "pt says he can mind read", "patient says will kill someone")

Facts communicated to me by others:

AKA COLLATERAL HPI: from police, from family, from other hospital staff (Ex. "police witnessed bizarre behavior," "pt's mother said pt. wanted to shoot her with a gun."

The Future Test *(check one or more)*

You must check the SAME box in the Future Test section

I am of the opinion that the person is apparently suffering from mental disorder of a nature or quality that likely will result in:

- [ ] serious bodily harm to himself or herself,
- [ ] serious bodily harm to another person,
- [ ] serious physical impairment of himself or herself

(Disponible en version française)

See reverse

Box A – Section 15(1) of the Mental Health Act
Serious Harm Test *(continued)*

I base this opinion on the following information *(you may, as appropriate in the circumstances, rely on any combination of your own observations and information communicated to you by others.)*

My own observations:

AKA THE MENTAL STATUS EXAM use psychiatric terms here! (Ex: Endorsing auditory hallucinations, visual hallucinations, responding to internal stimuli, active suicidal ideation, homicidal ideation, thought blocking, paranoid delusions, hopelessness, depressed, etc...)

Facts communicated by others:

AKA PAST PSYCHIATRIC HISTORY (Ex: Past diagnosis of schizophrenia, admitted to CAMH in 2010, past history of suicide attempts as documented in chart.)

Box B – Section 15(1.1) of the Mental Health Act
Patients who are Incapable of Consenting to Treatment and Meet the Specified Criteria

Note: The patient *must* meet the criteria set out in *each* of the following conditions.

I have reasonable cause to believe that the person:

1. Has previously received treatment for mental disorder of an ongoing or recurring nature that, when not treated, is of a nature or quality that likely will result in one or more of the following: *(please indicate one or more)*

   ☐ serious bodily harm to himself or herself,

   ☐ serious bodily harm to another person,

   ☐ substantial mental or physical deterioration of himself or herself, or

   ☐ serious physical impairment of himself or herself;

AND

2. Has shown cli

YOU WILL BASICALLY NEVER USE BOX B THIS UNLESS YOU KNOW THE PATIENT FROM PRIOR VISITS AND HAVE TREATED THEM BEFORE

AND

I am of the opinion that the person,

3. Is incapable, within the meaning of the *Health Care Consent Act, 1996,* of consenting to his or her treatment in a psychiatric facility and the consent of his or her substitute decision-maker has been obtained;

AND

4. Is apparently suffering from the same mental disorder as the one for which he or she previously received treatment or from a mental disorder that is similar to the previous one;

(Disponible en version française)

Box B – Section 15(1.1) of the Mental Health Act
Patients who are Incapable of Consenting to Treatment and Meet the Specified Criteria *(continued)*

AND

5. Given the person's history of mental disorder and current mental or physical condition, is likely to: *(choose one or more of the following)*

- [ ] cause serious bodily harm to himself or herself, or
- [ ] cause se
- [ ] suffer sul
- [ ] suffer se

YOU WILL BASICALLY NEVER USE BOX B THIS UNLESS YOU KNOW THE PATIENT FROM PRIOR VISITS AND HAVE TREATED THEM BEFORE

I base this opini ... ely on any *combination of your own observations and information communicated to you by others.)*

My own observations:

Facts communicated by others:

I have made careful inquiry into all the facts necessary for me to form my opinion as to the nature and quality of the person's mental disorder. I hereby make application for a psychiatric assessment of the person named.

Today's date 19-Mar-2017 Today's time 23:55

Examining physician's signature SIGN HERE!
(signature of physician)

This form authorizes, for a period of 7 days including the date of signature, the apprehension of the person named and his or her detention in a psychiatric facility for a maximum of 72 hours.

For Use at the Psychiatric Facility

This refers to the hospital the patient is in i.e. CAMH. Therefore, you, the physician at CAMH fills out this section.

Once the period of detention at the psychiatric facility begins, the attending physician should note the date and time this occurs and must promptly give the person a Form 42.

19-Mar-2017 23:55
(Date and time detention commences)

SIGN HERE!
(signature of physician)

19-Mar-2017 23:55
(Date and time Form 42 delivered)

SIGN HERE!
(signature of physician)

(Disponible en version française)

Ministry of Health

Form 42
Mental Health Act

Notice to Person under Subsection 38.1 of the Act of Application for Psychiatric Assessment under Section 15 or an Order under Section 32 of the Act

Part I *(complete only if appropriate)*

To: PATIENT NAME
(name of person)

of PATIENT'S ADDRESS
(home address)

This is to inform you that YOUR NAME
(name of physician)

examined you on 19-Mar-2017 and has made an application for you to
(date of examination) (day / month / year)

have a psychiatric assessment.

Part A and/or Part B must be completed

You must check the SAME box in the Future Test section

Part A

That physician has certified that he/she has reasonable cause to believe that you have:

Check Box(es)

- ☐ threatened or attempted or are threatening or attempting to cause bodily harm to yourself;
- ☐ behaved or are behaving violently towards another person or have caused or are causing another person to fear bodily harm from you; or
- ☐ shown or are showing a lack of competence to care for yourself.

and that you are suffering from a mental disorder of a nature or quality that likely will result in:

Check Box(es)

- ☐ serious bodily harm to yourself;
- ☐ serious bodily harm to another person; or
- ☐ serious physical impairment of you.

You must check the SAME box in the Future Test section

Part B

That physician has certified that he/she has reasonable cause to believe that you:

a) have previo[...] that, when not treated, is o[...]

LEAVE THIS PART ALONE — It’s for the Box B, if you had filled it out, which in all likelihood you did not fill

- ☐ serious b[...]
- ☐ serious b[...]
- ☐ substantial mental or physical deterioration of you; or
- ☐ serious physical impairment of you;

b) have shown clinical improvement as a result of the treatment;

c) are suffering from the same mental disorder as the one for which you previously received treatment or from a mental disorder that is similar to the previous one;

(Disponible en version française)

See reverse

Part B ***(continued)***

d) given your history of mental disorder and current mental or physical condition, you are likely to

- ☐ cause s
- ☐ cause s
- ☐ suffer s
- ☐ suffer s

LEAVE THIS PART ALONE — It's for the Box B, if you had filled it out, which in all likelihood you did not fill

e) have been found incapable, within the meaning of the Health Care Consent Act, 1996 of consenting to your treatment in a psychiatric facility and the consent of your substitute decision-maker has been obtained; and

f) you are not suitable for admission or continuation as an informal or voluntary patient.

The application is sufficient authority to hold you in custody in this hospital for up to 72 hours.

You have the right to retain and instruct a lawyer without delay.

19-Mar-2017 ______________________
(date)

SIGN HERE ______________________
(signature of attending physician)

Part II *(complete only if appropriate)*

To: ______________ LEAVE THIS PART ALONE ______________

of ____
(home address)

This is to inform you that ____
(name of Minister of Health and Long-Term Care)

Minister of Health and Long-Term Care for the Province of Ontario, has reasonable cause to believe that you are suffering from mental disorder of a nature or quality that likely will result in:

Check Box(es)

- ☐ serious bodily harm t LEAVE THIS PART ALONE
- ☐ serious bodily harm to another person.

unless you are placed in the custody of a psychiatric facility and has by Order dated

______________________________ , authorized your custody in a psychiatric facility for up to 72 hours.
(date of order) (day / month / year)

You have the right to reta[in and instruct a lawyer without delay.]

LEAVE THIS PART ALONE

____
(date)

____
(signature of attending physician)