Instructions for Form 2: Certificate for Involuntary Psychiatric Assessment—Part 1 (Section 9, Involuntary Psychiatric Treatment Act)

The actions and decisions to be documented on this form, which forms a part of the *Involuntary Psychiatric Treatment Regulations*, are to be undertaken in a manner consistent with Canada's accepted obligations under the *United Nations Convention on the Rights of Persons with Disabilities* and in accordance with the guiding principles set out in subsection 2(1) of the Act.

When to use this form:

- To document the medical examination of a person who is the subject of a Detainment of Voluntary Patient (Form 1).
- Two copies of this form from 2 separate physicians (1 from each physician) are required to initiate a Declaration of Involuntary Admission (Form 4).
- A second Form 2 is not needed if a Certificate for Involuntary Psychiatric Assessment—Part 2 (Form 3) is completed.

When filling out the form:

- The patient must meet all 3 of the criteria listed on the form.
- The patient must meet at least 1 of [the] criteria under number 2. (Check all that apply)
- In accordance with Section 9 of the Act, this certificate must be signed by the physician who examined the person and is not effective unless it is signed within 72 hours after the time of the examination.
- This form, once completed, must be filed with the designated NSH or IWK MHA staff or administrative office responsible for managing IPTA health records.

Notes:

- A person cannot be taken into custody or detained unless this certificate is accompanied by 1 of the following certificates:
 - a second Certificate for Involuntary Psychiatric Assessment—Part 1 (Form 2) signed by another physician, or
 - a Certificate for Involuntary Psychiatric Assessment—Part 2 (Form 3) signed by the same physician who signed Part 1
- The 72-hour hold for an involuntary psychiatric assessment starts when a person is detained under the second Form 2.
 - If the person is already at the place where they are to be detained, it starts when the second Form 2 is signed.

- If Form 3 is used and there is no second Form 2, it starts when the first Form 2 is signed.
- If the person is not physically present to be detained when the second Form 2 or Form 3 is issued, the 72-hour hold starts when the person is detained.
- Time spent under detention before the second Form 2 (or Form 3, if applicable) is issued does not count towards the 72 hours.
- In accordance with subsection 10(1) of the Act, 2 certificates for involuntary psychiatric assessment are sufficient authority for the following actions:
 - any peace officer to take the person into custody as soon as possible and to a suitable place for an involuntary psychiatric assessment as soon as possible;
 - the person to be detained, restrained and observed for not more than 72 hours; and
 - a psychiatrist to conduct an involuntary psychiatric assessment.
- A medical examination or involuntary psychiatric assessment may be conducted at any hospital, health centre or location within the community, including, but not limited to, the designated psychiatric facilities named in subsection 3(1) of the regulations.

Form 2: Certificate for Involuntary Psychiatric Assessment—Part 1 (Section 9, Involuntary Psychiatric Treatment Act)

I, Dr.					name), a physician, personally		
exam follov		te and at the	he following time and lo		full name of person) on the		
			-		25.0		
Dat	e (dd/m	m/yyyy)	Time	Location	Method		
			□ a.m. □ p.m.		☐ in person ☐ video call ☐ telephone		
If by	y video	or telepho	ne, state rationale:				
and p	robable		to believe that the person	_	the person, I have reasonable following criteria (as set out in		
1.	the po	the person apparently has a mental disorder					
2.	the person, as a result of the mental disorder, (check all that apply)						
		is threatening or attempting to cause serious harm to themself or has recently done so					
		has recently caused serious harm to themself					
		is seriously harming or is threatening serious harm towards another person or has recently done so					
		will suffer serious physical impairment					
		will suffer serious mental deterioration					
3.		the person would benefit from psychiatric inpatient treatment in a psychiatric facility and is not suitable for inpatient admission as a voluntary patient					
		g reasons e criteria a	* *	t my belief that thi	s person has a mental disorder		
Reas	ons, bas	ed on my	observations and exami	nation of the perso	on:		

nformation from other sources:		
Information:		
-		
Please identify sources:		
	(dd/mm/yyyy)	
		(signature of physician)
a.m./p.m.		(physician's name—printed)

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