

Instructions for Form 4: Declaration of Involuntary Admission
(Sections 17, 18 and 19, *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 admit a person as an involuntary inpatient.

When filling out the form:

- The person must meet all of the criteria listed in Section 17 of the Act.
- The person must meet at least 1 of the criteria under number 3. (*Check all that apply*)
- 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:

- Clause 3(q) of the Act defines mental disorder as “a substantial disorder of behaviour, thought, mood, perception, orientation or memory that severely impairs judgement, behaviour, capacity to recognize reality or the ability to meet the ordinary demands of life, in respect of which psychiatric treatment is advisable.”
- In accordance with Section 17 of the Act, this form must be filed with the chief executive officer or their designate.
- In accordance with clause 22(a) of the Act, an involuntary patient may be detained, observed and examined in a psychiatric facility for not more than 30 days under a declaration of involuntary admission.
- In accordance with Section 26 of the Act, when a declaration of involuntary admission is filed, the patient and the patient's substitute decision-maker must be promptly informed in writing of the reasons for the patient's admission, their right to legal counsel, and all other rights and information listed in subsection 26(1) of the Act.
- 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.
- A completed Form 4: Declaration of Involuntary Admission requires a transfer of the person to 1 of the psychiatric facilities designated in the regulations.

Form 4: Declaration of Involuntary Admission
(Sections 17, 18 and 19, *Involuntary Psychiatric Treatment Act*)

I, Dr. _____ (*full name*), a psychiatrist on the staff of
 _____ (*name of facility*), personally examined
 _____ (*full name of person*), on the following dates and
 at the following times and locations:

Date (<i>dd/mm/yyyy</i>)	Time	Location	Method
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		<input type="checkbox"/> in person <input type="checkbox"/> video call <input type="checkbox"/> telephone
If by video or telephone, state rationale:			
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		<input type="checkbox"/> in person <input type="checkbox"/> video call <input type="checkbox"/> telephone
If by video or telephone, state rationale:			
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		<input type="checkbox"/> in person <input type="checkbox"/> video call <input type="checkbox"/> telephone
If by video or telephone, state rationale:			

I have conducted an involuntary psychiatric assessment of this person and I have reasonable and probable grounds to believe that the person meets **all** of the following criteria:

1. the person has a mental disorder
2. the person is in need of psychiatric treatment provided in a psychiatric facility
3. as a result of the mental disorder, the person (*check all that apply*)
 - is threatening or attempting to cause serious harm to themselves or has recently done so
 - has recently caused serious harm to themselves
 - 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
- 4. the person requires psychiatric treatment in a psychiatric facility and is not suitable for inpatient admission as a voluntary patient
- 5. as a result of the mental disorder, the person does not have the capacity to make admission and treatment decisions

In determining that reasonable and probable grounds exist that the person does not have the capacity to make admission and treatment decisions, I have assessed whether the patient has the ability, with or without support, to understand all of the following:

- the nature of the condition for which the specific treatment or admission is proposed
- the nature and purpose of the specific treatment
- the risks and benefits involved in undergoing the specific treatment
- the risks and benefits involved in not undergoing the specific treatment or admission

I have also considered whether the person's mental disorder affects the person's ability, with or without support, to appreciate the reasonably foreseeable consequences of making or not making a decision, including the reasonably foreseeable consequences of the decision to be made.

The following reasons and information support my determination that reasonable and probable grounds exist that this person has a mental disorder and meets the criteria as described above:

Reasons, based on my observations and examination of the patient:

Information from other sources:

Information:

Please identify sources:

- By checking this box, I confirm I have informed the patient and the patient's substitute decision-maker of the patient's right to retain and instruct legal counsel, and the steps the patient may follow to obtain legal counsel. I acknowledge that checking this box does not relieve me of the obligation to promptly inform the patient and the patient's substitute decision-maker, in writing and in language that the patient is likely to best understand, of the information set out in Section 26 of the Act.

Therefore, I declare that this person meets the criteria of Section 17 of the *Involuntary Psychiatric Treatment Act* and is to be admitted to _____ (*name of psychiatric facility*) as an involuntary patient.

This declaration is effective on the date it is signed and expires on ___/___/_____
(*dd/mm/yyyy—no later than 30 days after date signed*).

(*date of signature*)

(*dd/mm/yyyy*)

(*signature of psychiatrist*)

_____ a.m./p.m.
(*time of signature*)

(*psychiatrist's name—printed*)

This form, once completed, must be filed with the designated NSH or IWK MHA staff or administrative office responsible for managing IPTA health records.