

**Instructions for Form 1: Detainment of Voluntary Patient**  
(Section 7, *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 detain and, if necessary, restrain a voluntary patient requesting to be discharged.

When filling out the form:

- A voluntary patient at this facility, who is requesting discharge, must meet all 3 of the criteria for involuntary admission listed on the form.
- The patient must meet at least 1 of the criteria under number 2. (*Check all that apply*)

Notes:

- A patient who is detained under subsection 7(1) of the Act must be examined by a physician within 3 hours of being detained.
- A patient may be detained under subsection 7(1) of the Act for no more than 3 hours at any hospital, health centre or community care centre of Nova Scotia Health or IWK Health, including, but not limited to, the designated psychiatric facilities named in subsection 3(1) of the regulations.

**Form 1: Detainment of Voluntary Patient**  
(Section 7, *Involuntary Psychiatric Treatment Act*)

I, \_\_\_\_\_ (*full name*), a member of the treatment staff at \_\_\_\_\_ (*name of facility*), believe on reasonable grounds that \_\_\_\_\_ (*full name of patient*), a voluntary patient, who is requesting discharge, meets **all** of the following criteria:

1. the patient has a mental disorder
2. because of the mental disorder, if the patient leaves the facility, the patient is likely to (*check all that apply*)
  - cause serious harm to themselves or to another person
  - suffer serious mental deterioration
  - suffer serious physical deterioration
3. the patient needs to have a medical examination conducted by a physician

Therefore, I am detaining the patient at this facility for no more than 3 hours to allow for examination by a physician.

- 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.

_____	<i>(dd/mm/yyyy)</i>	_____
<i>(date of signature)</i>		<i>(signature of treatment staff member)</i>
_____	a.m./p.m.	_____
<i>(time of signature)</i>		<i>(staff member's name—printed)</i>