

I N S T R U C T I O N S

This form is to be completed by the Chief Executive Officer, Whitehorse General Hospital or designate for each involuntary admission or renewal of an involuntary admission.

Copies of this form must be provided to the:

- patient, along with a blank copy of Form 9 (Application to the Capability and Consent Board) and a blank copy of Form 8 (Waiver of Right to an Automatic Hearing); and
- patient's nearest relative, proxy or guardian, if available.

IN THE MATTER OF *the Mental Health Act*

AND IN THE MATTER OF _____
Name of patient

To _____
Name of patient

and _____
Name of relative or guardian

You have been admitted to Whitehorse General Hospital as an involuntary patient under a:

- Form 7 (Certificate of Involuntary Admission)
- Form 11 (Certificate of Renewal of Involuntary Admission).

The certificate has been signed by _____
Name of physician

and _____
Name of physician

The certificate is valid for 21 days.

Information for the patient

You have the right at any time to apply to the Capability and Consent Board for a review of Form 7 (Certificate of Involuntary Admission) or Form 11 (Certificate of Renewal of Involuntary Admission), or any other certificate issued under the *Mental Health Act*.

If you want to apply for a review, send Form 9 (Application to the Capability and Consent Board) to the Capability and Consent Board.

