

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

This form is to be completed by the attending physician. The authorization of the Capability and Consent Board is required for treatment of a patient when the patient is not competent to consent and substitute consent has been given for a chemotherapy regime lasting longer than three months.

The treatment plan for the patient must be appended, and this form must be provided to the:

- Capability and Consent Board (fax 867-633-6954); and
- Chief Executive Officer, Whitehorse General Hospital.

**IN THE MATTER OF** the *Mental Health Act*

**AND IN THE MATTER OF** \_\_\_\_\_, hereinafter called the patient.  
Name of person

I, \_\_\_\_\_, a medical practitioner licensed to practise in the Yukon Territory, state the following facts in support of my opinion expressed in the attached treatment plan for a chemotherapy regime lasting longer than three months.

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Application is hereby made for an order authorizing the proposed course of treatment.

Substitute decision-maker \_\_\_\_\_  
Name

Address \_\_\_\_\_  
Address Telephone

**Note:** Treatment plan must be appended to this form.

**DATED** at \_\_\_\_\_,  
 this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
month year

\_\_\_\_\_ }  
SIGNATURE OF PHYSICIAN

\_\_\_\_\_ }  
PRINTED NAME OF PHYSICIAN