

## Form 13 MENTAL HEALTH ACT Section 24

## NOTICE OF INTENTION TO TRANSFER AN INVOLUNTARY PATIENT (YUKON RESIDENT)

## INSTRUCTIONS

This form must be completed by the attending physician or the two physicians who completed Form 7 (Certificate of Involuntary Admission) for the patient. Copies of this form must be provided to the: ☐ Capability and Consent Board (fax 867-633-6954); ☐ Chief Executive Officer, Whitehorse General Hospital; ☐ Director of Insured Health Services; patient, if he/she is competent to consent; and substitute decision-maker, if the patient is not competent to consent to the transfer. 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, hereby give notice to the Yukon Capability and Consent Board of the intention to transfer the patient, a resident of the Yukon, to \_\_\_\_\_ \_\_\_\_\_, a provincially approved facility located at Name of facility \_\_\_\_\_, in the province of \_\_\_\_\_ on or about \_\_\_\_\_ Date (day/month/year) The patient will be under the care of Attending physician, if known The following are the facts upon which I formed the opinion as to the need to transfer the patient to the abovenamed facility

transfer him/her Consent Board. The patient is a	r, and of his/her r	ight to particip	pate in the revie	and has been advised of the intention to ew of the decision by the Capability and t. The substitute decision-maker has ove-named facility.
Copies of Form 7 (Certific	ate of Involuntary	/ Admission) a	and Form 11 (C	ertificate of Renewal of Involuntary
Admission) and treatment	plans prepared v	with respect to	the above-nar	ned patient are appended.
				SIGNATURE OF PHYSICIAN
DATED at		,		PRINTED NAME OF PHYSICIAN
this day of	month	year year		
				SIGNATURE OF PHYSICIAN
		,		PRINTED NAME OF PHYSICIAN

Information on this form is being collected pursuant to the *Mental Health Act* to provide notice to the Capability and Consent Board, Whitehorse General Hospital and Insured Health Services regarding an intention to transfer a patient. For more information, contact the Health and Social Services ATIPP Coordinator (H-1), Box 2703, Whitehorse, Yukon Y1A 2C6, (867) 667-3010.