

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

This form is to be completed by the Chair of the Capability and Consent Board following a review of Form 13 (Notice of Intention to Transfer an Involuntary Patient (Yukon Resident)) or Form 15 (Application for Transfer of a Non-Resident Involuntary Patient).

Copies of this form must be provided to the:

- attending physician;
- Chief Executive Officer, Whitehorse General Hospital;
- patient;
- substitute decision-maker, if the patient is not competent to consent to the transfer; and
- Director of Insured Health Services.

IN THE MATTER OF *the Mental Health Act*

AND IN THE MATTER OF _____, hereinafter called the patient.
Name of person

The Capability and Consent Board has reviewed:

- Form 13 (Notice of Intention to Transfer an Involuntary Patient (Yukon Resident))
OR
 Form 15 (Application for Transfer of a Non-Resident Involuntary Patient)

about transferring the patient, to _____ for the receipt of mental health services.
Name of hospital

Choose A OR B

- A.** It is the opinion of the board that there are sufficient grounds for transferring the patient.
- B.** It is the opinion of the board that there are not sufficient grounds for transferring the patient at this time.

The reasons for the decision above are _____

DATED at _____,
 this _____ day of _____, _____.
month year

} _____
SIGNATURE OF CHAIR OR VICE-CHAIR

} _____
PRINTED NAME OF CHAIR OR VICE-CHAIR

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, Insured Health Services and the patient's physician regarding a decision 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.