Yukon
Health and Social Services
Capability and Consent Board

Form 11
MENTAL HEALTH ACT
Section 16(1)

CERTIFICATE OF RENEWAL OF INVOLUNTARY ADMISSION

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

In order to extend an involuntary admission, the attending physician and one other physician must each complete separate copies of this form. The two copies of this form must be provided to the:

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

The two copies of this form, along with a blank copy of Form 9 (Application to the Capability and Consent Board), must also be provided to the:

- ☐ patient, along with a blank copy of Form 8 (Waiver of Right to an Automatic Hearing); and
- ☐ nearest relative, proxy or guardian, if available.

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, examined the patient, whose usual place of residence is

_____, on _____
Date (day/month/year)

at _____, in _____, Yukon.
Time (a.m./p.m.)

This patient was previously examined and subsequently admitted involuntarily

_____ at _____, Yukon.
Date of admission (day/month/year) Name of facility

1. Pursuant to Section 13 and 16 of the *Mental Health Act*, I undertook an examination to determine the need for continued care and treatment by determining the presence, nature and degree of severity of the patient's mental disorder at the time of the examination. The results of this inquiry are as follows.

Describe affective, cognitive and behavioural presentation of the patient upon interview or examination, such as attitude, general appearance, motor behaviour, speech, emotional state, thought processes, thought content, perceptions, intellectual functioning, insight, judgment and diagnosis.

_____

_____

_____

_____

_____

_____

_____

☐ Check here if appending a copy of your examination notes as evidence for your opinions; the original is to be filed on the patient's medical record.

2. When information based on prior knowledge is used to form your opinion, complete this section.

Describe your prior knowledge

3. When information not observed directly by you is used to form your opinion, complete this section.

The following behaviour of the patient was observed by others and communicated to me.

a) Source of information _____
Name the source and describe relationship to the patient

b) Direct observations were made by _____
Give name and describe relationship to the patient

c) Approximate date and time of observations _____

d) Brief description of observations _____
Describe affective, cognitive and/or behavioural observations

4. Select A or B

☐ **A** In my opinion, the patient is not suffering from a mental disorder and should be released.

OR ☐ **B** In my opinion, there is evidence to support a diagnosis of _____

_____

☐ **1.** It is my opinion that the patient is not a candidate for voluntary or involuntary admission and should be released from the hospital, on the grounds that:

_____

_____

OR ☐ **2.** It is my opinion that the patient is not a candidate for involuntary admission and will be admitted as a voluntary patient, on the grounds that:

_____

_____

OR ☐ **3.** It is my opinion that the severity of the mental disorder suffered by the patient at this time is such that unless the patient remains in the custody of a hospital, is likely to result in:

☐ serious bodily harm to himself or herself or to another person, on the grounds that:

Provide evidence in support of your opinion

_____

_____

_____

OR ☐ the patient's impending serious mental or physical impairment, on the grounds that:

Provide evidence in support of your opinion

_____

_____

_____

AND the patient is not suitable for admission as a voluntary patient, on the grounds that:

Provide evidence in support of your opinion

_____

_____

_____

DATED at _____,

this_____ day of_____ , _____.
month year

_____
SIGNATURE OF PHYSICIAN

_____
PRINTED NAME OF PHYSICIAN

_____
SIGNATURE OF WITNESS