



Name of physician \_\_\_\_\_  
(print name of physician)

Physician address \_\_\_\_\_  
(address of physician)

Telephone number ( ) \_\_\_\_\_ Fax number ( ) \_\_\_\_\_

On \_\_\_\_\_ I personally examined \_\_\_\_\_  
(date) (print full name of person)

whose address is \_\_\_\_\_  
(home address)

*You may only sign this **Form 1** if you have personally examined the person within the past seven days.  
In deciding if a Form 1 is appropriate, you must complete **either** Box A (serious harm test) **or** Box B (persons  
who are incapable of consenting to treatment and meet the specified criteria test) below.*

**Box A – Section 15(1) of the Mental Health Act  
Serious Harm Test**

**The Past / Present Test** (*check one or more*)

I have reasonable cause to believe that the person:

- ☐ has threatened or is threatening to cause bodily harm to himself or herself
- ☐ has attempted or is attempting to cause bodily harm to himself or herself
- ☐ has behaved or is behaving violently towards another person
- ☐ has caused or is causing another person to fear bodily harm from him or her; or
- ☐ has shown or is showing a lack of competence to care for himself or herself

I base this belief on the following information (*you may, as appropriate in the circumstances, rely on any  
combination of your own observations and information communicated to you by others.*)

My own observations:

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Facts communicated to me by others:

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**The Future Test** (*check one or more*)

I am of the opinion that the person is apparently suffering from mental disorder of a nature or quality that  
likely will result in:

- ☐ serious bodily harm to himself or herself,
- ☐ serious bodily harm to another person,
- ☐ serious physical impairment of himself or herself

**Box A – Section 15(1) of the Mental Health Act**  
**Serious Harm Test** *(continued)*

I base this opinion on the following information *(you may, as appropriate in the circumstances, rely on any combination of your own observations and information communicated to you by others.)*

My own observations:

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Facts communicated by others:

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**Box B – Section 15(1.1) of the Mental Health Act**  
**Patients who are Incapable of Consenting to Treatment and Meet the Specified Criteria**

**Note:** The patient *must* meet the criteria set out in *each* of the following conditions.

I have reasonable cause to believe that the person:

1. Has previously received treatment for mental disorder of an ongoing or recurring nature that, when not treated, is of a nature or quality that likely will result in one or more of the following: *(please indicate one or more)*
  - ☐ serious bodily harm to himself or herself,
  - ☐ serious bodily harm to another person,
  - ☐ substantial mental or physical deterioration of himself or herself, or
  - ☐ serious physical impairment of himself or herself;

AND

2. Has shown clinical improvement as a result of the treatment.

AND

I am of the opinion that the person,

3. Is incapable, within the meaning of the *Health Care Consent Act, 1996*, of consenting to his or her treatment in a psychiatric facility and the consent of his or her substitute decision-maker has been obtained;

AND

4. Is apparently suffering from the same mental disorder as the one for which he or she previously received treatment or from a mental disorder that is similar to the previous one;

**Box B – Section 15(1.1) of the Mental Health Act**  
**Patients who are Incapable of Consenting to Treatment and Meet the Specified Criteria**  
*(continued)*

AND

5. Given the person's history of mental disorder and current mental or physical condition, is likely to: *(choose one or more of the following)*

- ☐ cause serious bodily harm to himself or herself, or
- ☐ cause serious bodily harm to another person, or
- ☐ suffer substantial mental or physical deterioration, or
- ☐ suffer serious physical impairment

I base this opinion on the following information *(you may, as appropriate in the circumstances, rely on any combination of your own observations and information communicated to you by others.)*

My own observations:

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Facts communicated by others:

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I have made careful inquiry into all the facts necessary for me to form my opinion as to the nature and quality of the person's mental disorder. I hereby make application for a psychiatric assessment of the person named.

Today's date \_\_\_\_\_

Today's time \_\_\_\_\_

Examining physician's signature \_\_\_\_\_  
(signature of physician)

This form authorizes, for a period of 7 days including the date of signature, the apprehension of the person named and his or her detention in a psychiatric facility for a maximum of 72 hours.

**For Use at the Psychiatric Facility**

Once the period of detention at the psychiatric facility begins, the attending physician should note the date and time this occurs and must promptly give the person a Form 42.

\_\_\_\_\_  
(Date and time detention commences)

\_\_\_\_\_  
(signature of physician)

\_\_\_\_\_  
(Date and time Form 42 delivered)

\_\_\_\_\_  
(signature of physician)

*(Disponible en version française)*