Ontario

Ministry of Health
and Long-Term Care

# Notice to the Board of the Need to Schedule a Mandatory Review of the Status of an Informal Patient who is a Child between 12 and 15 Years of Age under Subsection 13(2) of the Act

**Form 26**

*Mental Health Act*

*Consent and Capacity Board*

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**Part I This section must be completed by all applicants**

(name of psychiatric facility)

Name of patient

(print full name of patient) (date of birth, if known)

The Board is hereby notified that six months have passed since the later of the patient's admission or the patient's last application to the Board to review his or her informal status. The Board is required to conduct an inquiry as to whether the patient requires further observation, care and treatment in this facility.

Date of the later of the patient's admission or last application.

(date) (signature of officer-in-charge)

**Part II This information is not required but will assist us in scheduling the hearing**
(*provide only information where known*)

Please provide the name, telephone and fax numbers and any other information that will assist us in contacting the patient's attending physician:

( ) ( )

(name) (telephone no.) (fax no.)

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Name, telephone and fax numbers of a hospital official who may assist in arranging the hearing:

( ) ( )

(name) (telephone no.) (fax no.)

Name, telephone and fax numbers of a lawyer or agent:

( ) ( )

(name) (telephone no.) (fax no.)

Name, telephone and fax numbers of a lawyer or agent for the patient's attending physician:

( ) ( )

(name) (telephone no.) (fax no.)

Fax completed form to the Board at 1 866 777-7273 or send by email to: ccb@ontario.ca.
For assistance call: 1 866 777-7391
TTY/TDD: 1 877 301-0TTY(0889).

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