Ministry of Health

Ontario

Form 47
Mental Health Act

Order for Examination Sections 33.3(1) and 33.4 (3) of the Act

To the police officers of Ontario

WHEREAS _____
(print name of person subject to a community treatment order)

of _____
(address of person subject to community treatment order)

is subject to a community treatment order issued or renewed on _____
(date of order)

by _____
(name of issuing or renewing physician)

of _____ and
(business address of issuing or renewing physician)

WHEREAS such person has

☐ failed to attend appointments or comply with treatment in accordance with ss.33.1(9) of the *Mental Health Act*, or

☐ failed to permit _____ to review his/her condition,
(name of iphysician)

in accordance with ss.33.4 (2) of the *Mental Health Act*; and

WHEREAS I have reasonable cause to believe that such person

(i) is suffering from mental disorder such that he/she needs continuing treatment or care and continuing supervision while living in the community;

(ii) meets the criteria for the completion of a Form 1 [an application for psychiatric assessment under ss.15 (1) or (1.1) of the *Mental Health Act*] and is not currently a patient in a psychiatric facility; and

(iii) if the person does not receive continuing treatment or care and continuing supervision while living in the community, he/she is likely, because of mental disorder, to *(choose one or more of the following)*

- ☐ cause serious bodily harm to himself / herself
- ☐ cause serious bodily harm to another person
- ☐ suffer substantial mental or physical deterioration of the person
- ☐ suffer serious physical impairment of the person.

Now therefore, I hereby issue this Order for Examination for any of you to take such person in custody forthwith to _____
(address of physician, agency or psychiatric facility where the person will be examined)

for an examination by me or by a physician named below appointed to carry out this responsibility in accordance with ss. 33.5 (2) of the *Mental Health Act.*

_____
(name of physician, agency or psychiatric facility responsible for examination of the person

This order is in force for 30 days after the date upon which it is issued and will expire at midnight on _____
(date order will expire)

Dated at _____ on _____
(name of municipality / city / town) (date) (day / month / year)

_____ _____
(signature of physician) (print name of physician)

Notes:

1. The physician who issues an order for examination shall ensure that the police have complete and up-to-date information about the name, address and telephone number of the physician responsible for completing the examination required under an order for examination and shall ensure that the police have such information at all times that the order for examination is in force.

2. The physician who issues an order for examination shall ensure that the police are immediately notified if the person who is subject to the order for examination voluntarily attends for an examination or, for any other reason, the order for examination is cancelled prior to its expiry date.

3. The police may need a physical description of the person named in your Order for Examination so that the person may be located and returned to you for an examination. Please use the space below to provide the police with relevant information about the person's physical description.

4. The police may ask you for information about the person's physical description, in addition to the information you have provided below.