Ontario

Ministry of Health
and Long-Term Care

Certificate of Continuation

Form 4A

Mental Health Act

Name of patient _____
(print name of patient)

Name of physician _____
(print name of physician)

Name of psychiatric facility _____
(name of psychiatric facility)

Date of examination _____
(date)

The person's status at the psychiatric facility is that he/she is

☐ an involuntary patient subject to an existing Certificate of Renewal which expires on

_____ or
(date)

☐ an involuntary patient subject to an existing Certificate of Continuation which expires on

_____
(date)

You must complete one or more of Box A or Box B for this form to be valid.

Box A

You must be satisfied that both criteria are met.

I am of the opinion that

1 The patient is suffering from mental disorder of a nature or quality that likely will result in:
(choose one or more of the following)

☐ serious bodily harm to the patient,

☐ serious bodily harm to another person,

☐ serious physical impairment of the patient,

unless he or she remains in the custody of a psychiatric facility; and

2 The patient is not suitable for continuation as an informal or voluntary patient.

 © King's Printer for Ontario, 2022

Box B

You must be satisfied that all six criteria are met.

I am of the opinion that

1 the patient has been found 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

2 the patient 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 (choose one or more of the following)

- ☐ serious bodily harm to the patient,
- ☐ serious bodily harm to another person,
- ☐ substantial mental or physical deterioration of the patient, or
- ☐ serious physical impairment of the patient,

AND

3 has shown clinical improvement as a result of the treatment,

AND

4 is 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,

AND

5 given the patient'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,
- ☐ cause serious bodily harm to another person,
- ☐ suffer substantial mental or physical deterioration,
- ☐ suffer serious physical impairment;

AND

6 the patient is not suitable for continuation as an informal or voluntary patient.

This is a _____ Certificate of Continuation.

This certificate is effective on the date that it is signed and expires on _____

(Date) (day / month / year)

_____ _____

(Date of signature) (signature of attending physician)