Ontario

Ministry of Health
and Long-Term Care

Change to Informal or Voluntary Status Subsection 20(7) of the Act

Form 5

Mental Health Act

I, _____ the undersigned
(print name of physician)

attending physician, hereby terminate the involuntary status of

_____
(print full name of patient)

_____
(print name of psychiatric facility)

who shall now be continued as an informal or voluntary patient.

I last examined the patient on _____ .
(date)

The most recent Certificate of Involuntary Admission, Certificate of Renewal or Certificate of Continuation with regards to this patient was signed on _____ .
(date)

The decision to terminate the involuntary status of the patient is based on the following factors:

_____

_____

_____

_____

_____

_____

Date _____
(day / month / year)

_____
(Signature of attending physician)

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