Ontario

Ministry of Health
and Long-Term Care

Confirmation by Attending Physician of Continued Involuntary Status under Subsection 48(12) of the Act

Form 7

Mental Health Act

To: _____ of _____
(name of officer-in-charge) (name of psychiatric facility)

I, _____, am the attending physician of
(name of physician)

_____ who is detained at this facility
(name of involuntary patient)

under the authority of a Form _____ under the Mental Health Act.
(Form 3, 4 or 4A)

The patient's involuntary status was _____ by the Board on
(confirmed or rescinded)

_____ and the _____ is appealing this decision.
(date of decision) (day / month / year) (patient or physician)

I hereby confirm that I examined _____ on _____
(name of patient) (date)

Part A and/or Part B must be completed

Part A

I am of the opinion that

a) the patient is suffering from mental disorder of a nature or quality that likely will result in,

☐ serious bodily harm to the patient,

☐ serious bodily harm to another person,

☐ serious physical impairment of the patient,

unless the patient remains in the custody of a psychiatric facility; and

b) that the patient is not suitable for admission or continuation as an informal or voluntary patient.

Part B

I am of the opinion that

a) 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

☐ 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,

b) has shown clinical improvement as a result of the treatment;

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Part B (continued)

c) 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;

d) given the patient's history of mental disorder and current mental or physical condition, the patient is likely to

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

e) 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

f) the patient is not suitable for admission or continuation as an informal or voluntary patient.

This confirmation is effective on the _____ and will expire on the _____
(day / month / year) (day / month / year)

Date _____
(day / month / year)

_____ _____
(Signature of attending physician) (print name of attending physician)