

Form 2
Medical Certificate for Involuntary Psychiatric Assessment - Part 1
(Section 9 - Involuntary Psychiatric Treatment Act)

I, Dr. _____ (full name), a physician, personally examined _____ (full name of person) of _____ (address of person) on ____/____/____ (dd/mm/yyyy) at _____ a.m./p.m. at _____ (location of examination).

It is my opinion that the person meets all of the following criteria (as set out in Sections 7 and 8 of the Act):

- the person apparently has a mental disorder
- the person, as a result of the mental disorder, (*check one or both boxes*)
 - is threatening or attempting to cause serious harm to himself or herself or has recently done so, has recently caused serious harm to himself or herself, is seriously harming or is threatening serious harm towards another person or has recently done so
 - the person is likely to suffer serious physical impairment or serious mental deterioration, or both
 - the person would benefit from psychiatric inpatient treatment in a psychiatric facility and is not suitable for inpatient admission as a voluntary patient

The following information supports my opinion that this person meets the criteria as checked above:

1) Observations from my examination of the patient:

2) Information from other sources:

Sources of above information (*identify specific sources*):

I therefore certify that the person named in this certificate be detained, restrained and observed in _____ (*name of psychiatric facility*) for up to 72 hours for an involuntary psychiatric assessment by a psychiatrist.

(date of signature)

(signature of physician)

_____ a.m./p.m.
(time of signature)

(physician's name - printed)

Notes:

- 1) This certificate must be signed by the physician who examined the person, and, in accordance with Section 9 of the Act, is not effective unless signed within 72 hours after the examination.
- 2) A person cannot be taken into custody or detained unless this certificate is accompanied by one of the following:
 - a second Medical Certificate for Involuntary Psychiatric Assessment - Part 1 (Form 2) signed by another physician
 - a Medical Certificate for Involuntary Psychiatric Assessment - Part 2 (Form 3) signed by the same physician who signed Part 1.