

FORM 10

APPLICATION TO REVIEW BOARD FOR INQUIRY INTO WHETHER  
CONSENT SHOULD BE GIVEN ON BEHALF OF AN INVOLUNTARY PATIENT  
(Mental Health Act, R.S.N.B. 1973, c.M-10, s.8.6(5))

TO: The Chairman of the Review Board

I \_\_\_\_\_ of \_\_\_\_\_,  
(Name of Person Seeking Consent) (Address)

apply for an inquiry as to whether consent should be given on behalf of

\_\_\_\_\_, an involuntary patient detained at  
(Name of Patient)

\_\_\_\_\_.  
(Name of Psychiatric Facility)

I am seeking the consent because:

**(Check one)**

- no person claims the authority to give or refuse to give consent on behalf of the involuntary patient under subsection 8.6(1) or (2) of the Act.
- two or more persons claim the authority to give or refuse to give consent on behalf of the involuntary patient under subsection 8.6(1) or (2) of the Act but do not agree.

I hereby apply to the review board to give consent on behalf of the above-named involuntary patient for the purposes of

**(Check one)**

- medical treatment that is not routine clinical medical treatment or other psychiatric treatment.
- disclosure of information under section 17 of the Act.
- a leave of absence under section 20 of the Act.
- transfer to and detention in a psychiatric facility in another jurisdiction under section 27 of the Act.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant