

FORM 27

CERTIFICATE OF ATTENDING PSYCHIATRIST
(Mental Health Act, R.S.N.B. 1973, c.M-10, s.30.3(2)(a))

I, _____, of _____,
(Name of Attending Psychiatrist) (Address)

am the attending psychiatrist of _____,
(Name of Patient)

an involuntary patient detained in _____.
(Name of Psychiatric Facility)

I am seeking an order authorizing the giving of specified psychiatric treatment without consent to the patient who has reached the age of sixteen years.

In my opinion, the patient

(Check one)

is not mentally competent to give or refuse to give consent in relation to the specified psychiatric treatment.

is mentally competent to give or refuse to give consent in relation to the specified psychiatric treatment but refuses to give such consent.

The reasons for my opinion that the patient to whom this certificate relates is not mentally competent to give or refuse to give consent in relation to the specified psychiatric treatment are as follows:

Dated this _____ day of _____, 20 _____.

Signature of Attending Psychiatrist