Form 1
Detainment of Voluntary Patient
(Section 7 - Involuntary Psychiatric Treatment Act)

I, ________________________________ (full name), a member of the treatment staff at ________________________________ (name of psychiatric facility), a psychiatric facility, believe on reasonable grounds that ________________________________ (full name of patient), a voluntary patient at this facility who is requesting discharge meets all of the following criteria:

- the patient has a mental disorder
- because of the mental disorder, the patient is likely to cause serious harm to himself or herself or to another person or to suffer serious mental or physical deterioration if the patient leaves the psychiatric facility
- the patient needs to have a medical examination conducted by a psychiatrist

I am therefore detaining the patient at this psychiatric facility for no more than 3 hours to allow for examination by a psychiatrist.

__________________ __________________
(date of signature) (signature of treatment staff member)
__________________ __________________
a.m./p.m. (staff member’s name - printed)
(time of signature)