

**Form 4**  
**Declaration of Involuntary Admission**  
(Section 17 - Involuntary Psychiatric Treatment Act)

I, Dr. \_\_\_\_\_ (full name), a psychiatrist on the staff of  
\_\_\_\_\_  
\_\_\_\_\_ (name of psychiatric facility), personally examined  
\_\_\_\_\_ (full name of person), at the following

dates, times and locations:

Date (dd/mm/yyyy)	Time	Location

*(List all examinations done by you since person's detention. Note: If the person is being detained under Section 10 of the Act, they must be examined within 72 hours of being detained).*

I have conducted an involuntary psychiatric assessment of this person and it is my opinion that the person meets **all** of the following criteria (as set out in Section 17 of the Act):

- the person has a mental disorder
- the person is in need of psychiatric treatment in a psychiatric facility
- as a result of the mental disorder, the person (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
  - is likely to suffer serious physical impairment or serious mental deterioration, or both
- the person requires psychiatric treatment in a psychiatric facility and is not suitable for inpatient admission as a voluntary patient
- as a result of the mental disorder, the person does not have the capacity to make admission and treatment decisions

In arriving at my opinion that the person does not have the capacity to make admission and treatment decisions, I have considered whether the person fully understands and appreciates **all** of the following (*as set out in Section 18 of the Act*):

- the nature of the condition for which the specific treatment or admission is proposed
- the nature and purpose of the treatment or admission
- the risks and benefits involved in undergoing the specific treatment or admission proposed
- the risks and benefits involved in not undergoing the specific treatment or admission

AND I have also considered whether the person’s mental disorder affects the person’s ability to fully appreciate the consequences of making the treatment decision.

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

1) Observations from my examination of the patient:

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2) Information from other sources:

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

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I therefore declare that this person meets the criteria of Section 17 of the *Involuntary Psychiatric Treatment Act* and is to be admitted to \_\_\_\_\_ (*name of psychiatric facility*) as an involuntary patient and is to be detained, observed and examined at the psychiatric facility.

This declaration is effective on the date it is signed and expires on \_\_\_\_\_(dd/mm/yyyy) - no later than 30 days after date signed.

\_\_\_\_\_ (dd/mm/yyyy)  
(date of signature)

\_\_\_\_\_  
(signature of psychiatrist)

\_\_\_\_\_  a.m.  
(time of signature)  p.m.

\_\_\_\_\_  
(psychiatrist's name - printed)

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**Note:** In accordance with Section 17 of the Act, this form must be filed with the chief executive officer or designate.