Form 5
Declaration of Renewal of Involuntary Admission
(Section 21 - Involuntary Psychiatric Treatment Act)

I, Dr. ________________________________ (full name), a psychiatrist on the staff of __________________________ (name of psychiatric facility), am the attending psychiatrist of __________________________ (full name of patient), an involuntary patient at the facility.

This declaration of renewal renews the Declaration of Involuntary Admission dated ___/___/_____ (dd/mm/yyyy) which expires/expired on ___/___/_____ (dd/mm/yyyy).

This is the ______ (1st, 2nd, 3rd, etc.) renewal of that declaration and expires on ___/___/_____ (dd/mm/yyyy). (See note 2 at end of form.) The previous renewal of that declaration expires on ___/___/_____ (dd/mm/yyyy).

I personally examined this patient on ___/___/_____ (dd/mm/yyyy) at ______ a.m./p.m. at ____________________ (location of examination).

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:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

2) Information from other sources:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Sources of above information (identify specific sources):

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
I therefore declare that the patient meets the requirements of Section 21 of the *Involuntary Psychiatric Treatment Act* and I renew their status as an involuntary patient, to be detained, observed and examined at the psychiatric facility, effective as of the date this declaration is signed.

__________________________
(date of signature)  
__________________ __________________
(signature of attending psychiatrist)  
_________ _____________________
(attending psychiatrist’s name - printed)  

Notes:

1) In accordance with Section 21 of the Act, this form must be filed with the chief executive officer or designate.

2) In accordance with Section 22 of the Act, a declaration of renewal may be issued for the following terms:

<table>
<thead>
<tr>
<th>Renewal</th>
<th>Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st renewal</td>
<td>up to 1 month</td>
</tr>
<tr>
<td>2nd renewal</td>
<td>up to 2 months</td>
</tr>
<tr>
<td>3rd and subsequent renewals</td>
<td>up to 3 months</td>
</tr>
</tbody>
</table>

3) If this form is not filled out, the attending psychiatrist must fill out a Declaration of Change of Status (Form 6).