

**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:

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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 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.

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

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

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

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**Note:**

- 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:

<b>Renewal</b>	<b>Term</b>
1st renewal	up to 1 month
2nd renewal	up to 2 months
3rd and subsequent renewals	up to 3 months

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