

Form 11A

Revocation of Community Treatment Order

(Section 55 - Involuntary Psychiatric Treatment Act)

I, Dr. _____ (full name), am a psychiatrist on the staff of
_____ (name of psychiatric facility).
_____ (full name of patient) is an involuntary patient who is the subject of a
community treatment order dated _____ (dd/mm/yyyy).

I am terminating the patient's community treatment order, effective the date of this order, because it is my opinion that the person no longer meets all of the following criteria (as required by subclauses 47(3)(a)(i)-(iii) of the Act) (check all boxes that no longer apply):

- the patient has a mental disorder for which they are in need of treatment or care and supervision in the community and the treatment and care can be provided in the community
- as a result of the mental disorder, the patient
 - is threatening or attempting to cause serious harm to himself or herself or has recently done so, has recently caused 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
- as a result of the mental disorder, the patient does not have the full capacity to make treatment decisions

(signature of witness)

(signature of psychiatrist)

(witness's name - printed)

(psychiatrist's name - printed)

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

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

Notes:

- 1) *When terminating a community treatment order in accordance with clauses 55(3)(b) and (c) of the Act, a psychiatrist must notify the person that they may live in the community without being subject to the community treatment order and the psychiatrist must notify the following persons that the community treatment order has been terminated:*
 - *the substitute decision-maker who consented to the community treatment order*
 - *the chief executive officer or designate*
 - *any other health practitioner or other person who has obligations under the community treatment plan*
- 2) *A copy of this order should be sent to the Review Board.*