# Filling out F1/F42 Step by Step Menu

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# What is a Form 1?

| X    | Ministry Form 1<br>of Mental Health A<br>Health             | Act  | Application by Physician fe<br>Psychiatric Assessment |
|------|---|--|---|
| Form | Name of physician   | . (print meme of phys  |   |
|      |   | (print name of phys  | ii≓lien)  |
|      | Physician address   | (address of physic   |   |
|      |   | (accuracy of prive   | owt)  |
|      | Telephone number ()   | Fax numl   | ber ()  |
|      | On  | I personally examined  |   |
|      | (dete)  | I personally examined  | (print full name of person)                           |
|      | whose address is  |  |   |
|      |   | (himm address  | 0   |
|      | Box A – Section 15(1) of the Serious Harm Tes               |  |   |
|      | The Past / Present Test (check                              | k one or more)   |   |
|      | I have reasonable cause to beli                             | eve that the person:   |   |
|      | has threatened or is threaten                               | ning to cause bodily harm to himself or l  | herself   |
|      | has attempted or is attemptin                               | ng to cause bodily harm to himself or he   | erself  |
|      | has behaved or is behaving                                  | violently towards another person   |   |
|      | has caused or is causing and                                | other person to fear bodily harm from h  | im or her; or   |
|      | has shown or is showing a la                                | ack of competence to care for himself o  | r herself   |
|      |   | g information (you may, as appropriate<br>vations and information communicated i |   |
|      | Facts communicated to me by o                               | ithers:  |   |
|      | The Future Test (check one or                               | COLUMN STREET  |   |
|      | I am of the opinion that the pers<br>likely will result in: | son is apparently suffering from mental  | disorder of a nature or quality that                  |
|      | serious bodily harm to himse                                | elf or herself,  |   |
|      | and any headly have to anothe                               |  |   |
|      | serious bodily harm to anoth<br>serious physical impairment |  |   |

- Legal Document under the Mental Health Act
- "Application by Physician for Psychiatric Assessment"
- Allows for detention up to 72 hours in a "Schedule 1 Facility"

# What is a Form 1?

- Can be filled out by any MD
- Need evidence of *RISK* 
  - Harm to self (suicide risk)
  - Harm to others (violence/homicide risk)
  - Physical impairment to self (lack of self care)
- Need evidence of *mental disorder* Do not need diagnosis just "evidence"

# Filling out a Form 1 – Name and Address

| ar Form  | Name of physician Dr. Examining Physician                       |  |
|----------|---|--|
| car ronn | (ptrit name of physician)                                       |  |
|          | Physician address(wddress of physician)                         |  |
|          | Telephone number 416 603 5751 Fax number ( )                    |  |
|          | on June 9 <sup>th</sup> , 2014   personally examined Mr. Jo Doe |  |
|          | whose address is Specify city/province, NFA if NFA              |  |

You may only sign this Form 1 if you have personally examined the person within the past seven days. In deciding if a Form 1 is appropriate, you must complete either Box A (serious harm test) or Box B (persons who are incapable of consenting to treatment and meet the specified criteria test) below.

Box A – Section 15(1) of the Mental Health Act Serious Harm Test

The Past / Present Test (check one or more)

I have reasonable cause to believe that the person:

has threatened or is threatening to cause bodily harm to himself or herself

has attempted or is attempting to cause bodily harm to himself or herself

has behaved or is behaving violently towards another person

has caused or is causing another person to fear bodily harm from him or her; or

has shown or is showing a lack of competence to care for himself or herself

I base this belief on the following information (you may, as appropriate in the circumstances, rely on any combination of your own observations and information communicated to you by others.) My own observations:

#### Patient stated he overdosed on medications with intent to die

Facts communicated to me by others:

#### Family indicated he left a suicide note

|                 | The Future Test (check one or more)   |                       |         |
|-----------------|---|-----------------------|---------|
|                 | I am of the opinion that the person is apparently suffering from mental disorder of a r<br>likely will result in: | nature or quality tha | t       |
|                 | serious bodily harm to another person,  |                       |         |
| 6427-41 (00/12) | (Disponible en version française)   | See reverse           | 7550-40 |

#### Box A continues on page 2!!!



Past present test
 – Evidence of *RISK*

• Future test

- Evidence of *mental disorder* 

| y       | Ministry Form 1<br>of Mental Health Act<br>Health   | Application by Physician fo<br>Psychiatric Assessment |
|---------|---|---|
| ar Form | Name of physician   |   |
|         |   | (print name of physician)                             |
|         | Physician address   | (withness of physician)                               |
|         |   | (annual of high rest)                                 |
|         | Telephone number ( )  | Fax number ()   |
|         | On I personally exami   | inad  |
|         | (date)  | (print full neme of person)                           |
|         | whose address is  |   |
|         |   | (home address)  |
|         | In deciding if a Form 1 is appropriate, you must comple<br>who are incapable of consenting to treatment and meet<br>Box A – Section 15(1) of the Mental Health Ac | the specified criteria test) below.                   |
|         | Scribes Harm Test   |   |
|         |   |   |
| (       | The Past / Present Test (check one or more)   |   |
|         | I have reasonable cause to delieve that the person:   |   |
|         | has threatened or is threatening to cause bodily harr   | m to himself or herself                               |
|         | has attempted or is attempting to cause bodily harm   | to himself or herself                                 |
|         | has behaved or is behaving violently towards anothe   | er person   |
|         | has caused or is causing another person to fear bod   | lily harm from him or her; or                         |
|         | has shown or is showing a lack of competence to ca  | re for himself or herself                             |
|         | I base this belief on the following information (you may,   | as appropriate in the circumstances, rely on any      |
|         | combination of your own observations and information  | communicated to you by others.)                       |
|         | My own observations:  |   |
|         | Facts communicated to me by others:   |   |
| (       | The Future Test (check one or more)<br>Tamor the spinon that the person is apparently sufferin<br>likely will result in:  | g from mental disorder of a nature or quality that    |
|         |   |   |
|         |   |   |
|         | serious bodily harm to himself or herself,  |   |
|         | serious bodily harm to himself or herself,<br>serious bodily harm to another person,<br>serious physical impairment of himself or herself                         |   |

- May check as many as apply
- Own observations:
  - the examples of dangerous behaviour, or inability to care for self ie **RISK**
  - Examination may be brief if pt uncooperative- document this
  - Evidence of mental disorder NOT required here

| Ministry For<br>of Mei<br>Health                | ntal Health Act   | ŕ                           | Application by Physician<br>Psychiatric Assessment |
|---|---|-----------------------------|--|
| Name of physician                               | 82  | Andre andre all all address |  |
| Physician address                               |   |                             |  |
| , ny sialan dadress                             | 8)  | (eddress of physicien)      |  |
| Telephone number                                | <u>( )</u>  | Fax number                  | ()   |
| On  | l personally e  | aminad                      |  |
| (det  | n) i personany e.   |                             | (print full neme of person)                        |
| whose address is                                |   |                             |  |
|   |   | (norme address)             |  |
| Box A - Section                                 | of consenting to treatment and r<br>15(1) of the Mental Health<br>Harm Test |                             | i lest, below.                                     |
| Serious   | Harm lest   |                             |  |
| The Past / Present                              | Test (check one or more)  |                             |  |
| I have reasonable o                             | ause to believe that the person   |                             |  |
| has threatened o                                | or is threatening to cause bodily   | harm to himself or herse    | elf  |
| has attempted o                                 | r is attempting to cause bodily h   | arm to himself or herself   |  |
| has behaved or                                  | is behaving violently towards an  | other person                |  |
| has caused or is                                | causing another person to fear  | bodily harm from him or     | her; or  |
| has shown or is                                 | showing a lack of competence t  | o care for himself or hen   | self   |
|   | the following information (you r<br>own observations and information        |                             |  |
| My own observation                              | 15:   |                             |  |
| Facts communicated                              | I to me by others:  |                             |  |
| The Future Test (c                              | esta provi kontrancesta   |                             |  |
| I am of the opinion I<br>likely will result in: | that the person is apparently su  | tering from mental disor    | der of a nature or quality that                    |
| serious bodily ha                               | arm to himself or herself,  |                             |  |
| serious bodily ba                               | arm to another person,  |                             |  |
|   | impairment of himself or hersel   |                             |  |

#### Communication by others:

- Document findings from others suggesting risk to self or others or inability to care for self
- Family, police, ER staff, friends, community supports, crisis clinician
- eg. suicidal behaviour or ideation, violent behaviour or threats, not caring for self to point of danger

| Ministry Fo<br>of Me<br>Health | ental Health Act                       |  | Application by Physicia<br>Psychiatric Assessmer     |
|--------------------------------|--|--|--|
| Name of physician              | 161                                    | (print name of physicia  |  |
| -                              |  |  | n)   |
| Physician address              | -                                      | (withness of physicien   | ł  |
| Telephone number               | <u>( )</u>                             | Fax number   | · <u>( )</u>   |
| On                             | I person                               | ally examined  |  |
| (de                            | de)                                    |  | (print full neme of person)                          |
| whose address is               |  |  |  |
|                                |  | (home address)   |  |
| who are incapable              | of consenting to treatment             | and meet the specified crite   | erious harm test) or Box B (per<br>eria test) below. |
|                                | n 15(1) of the Mental H<br>s Harm Test | eaith Act  |  |
| The Past / Present             | t Test (check one or more)             | 6  |  |
| I have reasonable of           | cause to believe that the p            | erson:   |  |
| has threatened                 | or is threatening to cause I           | odily harm to himself or her   | rself  |
| has attempted o                | or is attempting to cause bo           | dily harm to himself or hers   | elf  |
|                                | is behaving violently towar            | and the second s |  |
|                                |  | o fear bodily harm from him  | or her or  |
|                                |  | ence to care for himself or h  |  |
|                                | showing a lack of compete              | ance to care for himself or h  | ersen  |
|                                |  | you may, as appropriate in<br>ormation communicated to y   | the circumstances, rely on any<br>you by others.)    |
| My own observatio              | ns:                                    |  |  |
| Facts communicate              | d to me by others:                     |  |  |
| And the contract of the state  | check one or more)                     |  |  |
| likely will result in:         |  | ty suffering from mental dis   | order of a nature or quality that                    |
|                                | arm to himself or herself,             |  |  |
| serious bodily h               | arm to another person,                 |  |  |
|                                |  |  |  |



## Filling out a Form 1-3 signatures

| Today's date June 9 <sup>th</sup> , 2014   | Today's time       | 8:30AM                   |  |
|--|--------------------|--------------------------|--|
| Examining physician's signature  | Examining MD       |                          |  |
| historican and a second s | (signature of phys | sicien)                  |  |
| This form authorizes, for a period of 7 days<br>named and his or her detention in a psychia  |                    |                          |  |
| For Use at the Psychiatric Facility  |                    |                          |  |
| Once the period of detention at the psychiatric facility begins, the attending physician should note the d<br>and time this occurs and must promptly give the person a Form 42.  |                    |                          |  |
| June 9 <sup>th</sup> , 2014, 8:30A   | AM Exam            | ining or ER MD           |  |
| (Date and time detention commences)  |                    | (signature of physicien) |  |
| June 9 <sup>th</sup> , 2014, 8:35A   | NM Exam            | ining or ER MD           |  |
|  |                    |                          |  |
| (Data and time Form 42 delivered)  |                    | (signature of physician) |  |

#### What is a Form 42?

|                  | Ministry Form 42<br>of <i>Mental Health Act</i><br>Health   | Notice to Person under Subsection 38.1 of<br>the Act of Application for Psychiatric<br>Assessment under Section 15 or an Order<br>under Section 32 of the Act |  |  |  |
|------------------|---|---|--|--|--|
| Clear Form       | Part I (complete only if appropriate)   |   |  |  |  |
|                  | To:   |   |  |  |  |
|                  | (neme of person)  |   |  |  |  |
|                  | Of (home address)   |   |  |  |  |
|                  | This is to inform you that  |   |  |  |  |
|                  | This is to morn you that  | (nume of physician)   |  |  |  |
|                  | examined you on(dets of exemination) (  | and has made an application for you to  |  |  |  |
|                  | have a psychiatric assessment.  |   |  |  |  |
|                  | Part A and/or Part B must be completed  |   |  |  |  |
|                  | Part A  |   |  |  |  |
|                  | That physician has certified that he/she has  | reasonable cause to believe that you have:  |  |  |  |
| Check<br>Box(es) | threatened or attempted or are threatening or attempting to cause bodily harm to yourself;  |   |  |  |  |
| son(cs)          | behaved or are behaving violently towards another person or have caused or are causing another<br>person to fear bodily harm from you; or   |   |  |  |  |
|                  | shown or are showing a lack of competence to care for yourself.   |   |  |  |  |
|                  | and that you are suffering from a mental disc   | order of a nature or quality that likely will result in:  |  |  |  |
| Check            | serious bodily harm to yourself.  |   |  |  |  |
| Box(es)          | serious bodily harm to another person; or   |   |  |  |  |
|                  | serious physical impairment of you.   |   |  |  |  |
|                  | Part B  |   |  |  |  |
|                  | That physician has certified that he/she has reasonable cause to believe that you:  |   |  |  |  |
|                  | <ul> <li>have previously received treatment for mental disorder of an ongoing or recurring nature that, when not<br/>treated, is of a nature or quality that likely will result in</li> </ul> |   |  |  |  |
|                  | serious bodily harm to yourself,  |   |  |  |  |
|                  | serious bodily harm to another person,  |   |  |  |  |
|                  | substantial mental or physical deterioration of you, or   |   |  |  |  |
|                  | serious physical impairment of you;   |   |  |  |  |
|                  | b) have shown clinical improvement as a result of the treatment;  |   |  |  |  |
|                  | <ul> <li>are suffering from the same mental disor<br/>treatment or from a mental disorder that</li> </ul>   | der as the one for which you previously received<br>is similar to the previous one;   |  |  |  |
|                  | (Disponible en version francaise)   | See reverse   |  |  |  |
|                  | And the second  | 7530-4827   |  |  |  |

| Part B (continued)         • given your history of mental disorder and current mental or physical condition, you are likely to         ·  | <pre>clear total</pre>  |            |  |  |  |  |  |
|---|---|------------|--|--|--|--|--|
| a) given your history of mental disorder and current mental or physical condition, you are likely to         a) given your history of mental disorder and current mental or physical condition, you are likely to         b) given your history of mental disorder and current mental or physical condition, you are likely to         c) given your history of mental or physical deterioration, or         c) given your history of mental or physical deterioration, or         c) given your history of mental or physical deterioration, or         c) given your history of mental or physical deterioration, or         c) given your history of mental or physical deterioration, or         c) given your history of mental or physical deterioration, or         c) given your history of mental or physical deterioration, or         c) given your history of mental or physical deterioration, or         c) given your history of mental or physical deterioration, or         c) given your history of mental or physical deterioration, or         c) you are not suitable for admission or continuation as an informal or voluntary patient.         The application is sufficient authority to hold you in custody in this hospital for up to 72 hours.         You have the right to retain and instruct a lawyer without delay.         To:   | <ul> <li>qiven your history of mental disorder and current mental or physical condition, you are likely to          </li></ul>  |            | Part B (continued)   |  |  |  |  |
| Check Boo(s) bodily harm to another person,   | Check Bor(es)   | Clear Form | d) given your history of mental disorder and current mental or physical condition, you are likely to   |  |  |  |  |
| Suffer substantial mental or physical deterioration, or substitute services physical impairment; <ul> <li>a) have been found incapable, within the meaning of the Health Care Consent Act, 1998 of consenting to your treatment in a psychiatrio facility and the consent of your substitute decision-maker has been obtained; and</li> <li>c) you are not suitable for admission or continuation as an informal or voluntary patient.</li> <li>The application is sufficient authority to hold you in custody in this hospital for up to 72 hours.</li> <li>You have the right to retain and instruct a lawyer without delay.</li> <li></li></ul>  | Check Box(es)          Check Box(es)  |            | cause serious bodily harm to yourself,   |  |  |  |  |
| Suffer serious physical impairment;      a. have been found incapable, within the meaning of the Health Care Consent Act, 1996 of consenting to your treatment in a psychiatric facility and the consent of your substitute decision-maker has been obtained; and      you are not suitable for admission or continuation as an informal or voluntary patient.      The application is sufficient authority to hold you in custody in this hospital for up to 72 hours.      You have the right to retain and instruct a lawyer without delay.      (wee)      Part II (complete only if appropriate)      To:         (uner disease)      of   | buffer serious physical impairment;      on ave been found incapable, within the meaning of the Health Care Consent Act, 1996 of consenting to your treatment in a psychiatric facility and the consent of your substitute decision-maker has been obtained; and     you are not suitable for admission or continuation as an informal or voluntary patient.  The application is sufficient authority to hold you in custody in this hospital for up to 72 hours.  You have the right to retain and instruct a lawyer without delay.  Part II (complete only if appropriate)  To: |            | cause serious bodily harm to another person,   |  |  |  |  |
| <ul> <li>are been found incapable, within the meaning of the Health Care Consent Act, 1966 of consenting to your treatment in a psychiatric facility and the consent of your substitute decision-maker has been obtained; and</li> <li>you are not suitable for admission or continuation as an informal or voluntary patient.</li> <li>The application is sufficient authority to hold you in custody in this hospital for up to 72 hours.</li> <li>You have the right to retain and instruct a lawyer without delay.</li> <li></li></ul>  | Check Box(es)   |            | suffer substantial mental or physical deterioration, or  |  |  |  |  |
| <ul> <li>are been found incapable, within the meaning of the Health Care Consent Act, 1966 of consenting to your treatment in a psychiatric facility and the consent of your substitute decision-maker has been obtained; and</li> <li>you are not suitable for admission or continuation as an informal or voluntary patient.</li> <li>The application is sufficient authority to hold you in custody in this hospital for up to 72 hours.</li> <li>You have the right to retain and instruct a lawyer without delay.</li> <li></li></ul>  | Check Box(es)   |            |  |  |  |  |  |
| The application is sufficient authority to hold you in custody in this hospital for up to 72 hours.          You have the right to retain and instruct a lawyer without delay.  | The application is sufficient authority to hold you in custody in this hospital for up to 72 hours.          You have the right to retain and instruct a lawyer without delay.  |            | <ul> <li>have been found incapable, within the meaning of the Health Care Consent Act, 1998 of<br/>consenting to your treatment in a psychiatric facility and the consent of your substitute</li> </ul>  |  |  |  |  |
| You have the right to retain and instruct a lawyer without delay.   | You have the right to retain and instruct a lawyer without delay.   |            | f) you are not suitable for admission or continuation as an informal or voluntary patient.   |  |  |  |  |
| (wee)       (week)         Part II (complete only if appropriate)         To:       (week of service)         of       (week of service)         of       (week of service)         This is to inform you that       (week of service)         This is to inform you that       (week of the Province of Ontario, has reasonable cause to believe that you are suffering from mental disorder of a nature or quality that likely will result in:         Check Box(es)       serious bodily harm to yourself, or         is serious bodily harm to another person.       unless you are placed in the custody of a psychiatric facility and has by Order dated  | (deal)       (deal)         Part II (complete only if appropriate)         To:  |            | The application is sufficient authority to hold you in custody in this hospital for up to 72 hours.  |  |  |  |  |
| Part II (complete only if appropriate) To:  | Part II (complete only if appropriate) To:  |            | You have the right to retain and instruct a lawyer without delay.  |  |  |  |  |
| Part II (complete only if appropriate) To:  | Part II (complete only if appropriate) To:  |            |  |  |  |  |  |
| Part II (complete only if appropriate) To:  | Part II (complete only if appropriate) To:  |            | (risks)  |  |  |  |  |
| To:   | To:   |            | frame's framework in the second first th |  |  |  |  |
| ferrer of presso)     f   | ferrer efferen)     of  |            | Part II (complete only if appropriate)   |  |  |  |  |
| ferme element     ferme e | ferrer efferen)     of  |            | To:  |  |  |  |  |
| Brown existency     This is to inform you that     (reme of Wolder of Health and Long-Term Care for the Province of Ontario, has reasonable cause to believe     that you are suffering from mental disorder of a nature or quality that likely will result in:     Check     Serious bodily harm to yourself; or     Serious bodily harm to another person.     unless you are placed in the custody of a psychiatric facility and has by Order dated     (set of using (day/ month / yee)     You have the right to retain and instruct a lawyer without delay.   | This is to inform you that      [neme of Middle of Health and Long-Term Care for the Province of Ontario, has reasonable cause to believe     that you are suffering from mental disorder of a nature or quality that likely will result in:     Check     Serious bodily harm to yourself, or     Serious bodily harm to another person.     unless you are placed in the custody of a psychiatric facility and has by Order dated   |            | (nere of person)   |  |  |  |  |
| This is to inform you that  | This is to inform you that  |            | of   |  |  |  |  |
| The series of Window of Health and Long-Term Care for the Province of Ontario, has reasonable cause to believe that you are suffering from mental disorder of a nature or quality that likely will result in:  Check Sex(es) Serious bodily harm to yourself, or Sex(es) Secieval serious bodily harm to another person. Unless you are placed in the custody of a psychiatric facility and has by Order dated  (date of under (day / month / yeer) You have the right to retain and instruct a lawyer without delay.   | Image of Minuser of Health and Long-Term Care for the Province of Ontario, has reasonable cause to believe that you are suffering from mental disorder of a nature or quality that likely will result in:         Check       serious bodily harm to yourself, or         Box(es)       serious bodily harm to another person.         unless you are placed in the custody of a psychiatric facility and has by Order dated         (det of under) (det/ month / yeer)         You have the right to retain and instruct a lawyer without delay.                                 |            |  |  |  |  |  |
| Minister of Health and Long-Term Care for the Province of Ontario, has reasonable cause to believe<br>that you are suffering from mental disorder of a nature or quality that likely will result in:<br>Check<br>Box(es) serious bodily harm to yourself, or<br>serious bodily harm to another person.<br>unless you are placed in the custody of a psychiatric facility and has by Order dated<br>(date of order) (daty / monter / yee)<br>You have the right to retain and instruct a lawyer without delay.   | Minister of Health and Long-Term Care for the Province of Ontario, has reasonable cause to believe<br>that you are suffering from mental disorder of a nature or quality that likely will result in: Check<br>Box(es) serious bodily harm to yourself, or serious bodily harm to another person. unless you are placed in the custody of a psychiatric facility and has by Order dated (date of under (day/meth/yee) You have the right to retain and instruct a lawyer without delay.  |            |  |  |  |  |  |
| that you are suffering from mental disorder of a nature or quality that likely will result in: Check Box(es) serious bodily harm to yourself, or serious bodily harm to another person. unless you are placed in the custody of a psychiatric facility and has by Order dated   | that you are suffering from mental disorder of a nature or quality that likely will result in: Check Sox(es) Serious bodily harm to yourself, or serious bodily harm to another person. unless you are placed in the custody of a psychiatric facility and has by Order dated   |            | (name or wention or nearing and compares care)   |  |  |  |  |
| Box(es)   | Box(es) Serious bodily harm to another person. Unless you are placed in the custody of a psychiatric facility and has by Order dated  |            |  |  |  |  |  |
| serious bodily harm to another person. unless you are placed in the custody of a psychiatric facility and has by Order dated  | serious bodily harm to another person. unless you are placed in the custody of a psychiatric facility and has by Order dated (date of order) (day / month / yee) (date of order) (day / month / yee) You have the right to retain and instruct a lawyer without delay.  |            | serious bodily harm to yourself, or  |  |  |  |  |
| (date of order) (day / month / year)<br>(date of order) (day / month / year)<br>You have the right to retain and instruct a lawyer without delay.   | (dets of order) (dey / month / year)<br>(dets of order) (day / month / year)<br>You have the right to retain and instruct a lawyer without delay.   | ()         | serious bodily harm to another person.   |  |  |  |  |
| (det of order) (day / motifs / yee)<br>You have the right to retain and instruct a lawyer without delay.  | (date of order) (day / mode / year)<br>You have the right to retain and instruct a lawyer without delay.  |            | unless you are placed in the custody of a psychiatric facility and has by Order dated  |  |  |  |  |
| You have the right to retain and instruct a lawyer without delay.   | You have the right to retain and instruct a lawyer without delay.   |            |  |  |  |  |  |
|   |   |            |  |  |  |  |  |
| (defer) (defer)   | (deter) (signature of ethnolog physicise)   |            | tou nave une nymi to retain and instruct a lawyer without delay.   |  |  |  |  |
|   |   |            | (date) (bigrature of estending physicise)  |  |  |  |  |
|   |   |            |  |  |  |  |  |

## Filling out a Form 42

|            | Ministry Form 42<br>of Mental Health Act<br>Health                           | Notice to Person under Subsection 38.1 of<br>the Act of Application for Psychiatric<br>Assessment under Section 15 or an Order<br>under Section 32 of the Act |  |  |
|------------|--|---|--|--|
| Clear Form | Part I (complete only if appropriate)  |   |  |  |
|            | то: М  | r. John Doe   |  |  |
|            | of Specify city/prov   | vince, NFA if NFA   |  |  |
|            | This is to inform you that   | Dr. Examining Physician   |  |  |
|            | examined you on9 June, 2   |   |  |  |
|            | (date of exercite<br>have a psychiatric assessment.                          | stan) (dey/month/yeer)  |  |  |
|            | Part A and/or Part B must be complet   | ed  |  |  |
|            | Part A   |   |  |  |
|            | That physician has certified that he/she                                     | has reasonable cause to believe that you have:  |  |  |
| Check      | threatened or attempted or are threa   | tening or attempting to cause bodily harm to yourself;  |  |  |
| Box(es)    | behaved or are behaving violently to<br>person to fear bodily harm from you; | wards another person or have caused or are causing another<br>or  |  |  |
|            | shown or are showing a lack of com   | petence to care for yourself.   |  |  |
|            | and that you are suffering from a mental                                     | disorder of a nature or quality that likely will result in:   |  |  |
| Check      | serious bodily harm to yourself;   |   |  |  |
| Box(es)    | serious bodily harm to another person; or                                    |   |  |  |
|            | serious physical impairment of you.  |   |  |  |

## Filling out a Form 42

| Clear Form | Part B (continued)   |  |  |  |  |
|------------|--|--|--|--|--|
| Clear Form | d) given your history of mental disorder and curr  | ent mental or physical condition, you are likely to  |  |  |  |
|            | cause serious bodily harm to yourself.   |  |  |  |  |
|            | cause serious bodily harm to another perso   | n,   |  |  |  |
|            | suffer substantial mental or physical deterio  | oration, or  |  |  |  |
|            | suffer serious physical impairment;  |  |  |  |  |
|            | <ul> <li>e) have been found incapable, within the meaning<br/>consenting to your treatment in a psychiatric f<br/>decision-maker has been obtained; and</li> </ul>                                   |  |  |  |  |
|            | f) you are not suitable for admission or continua  | tion as an informal or voluntary patient.  |  |  |  |
|            | The application is sufficient authority to hold you  | in custody in this hospital for up to 72 hours.  |  |  |  |
|            | You have the right to retain and instruct a lawyer   | without delay.   |  |  |  |
|            | 9 June, 2014   | Examining MD   |  |  |  |
|            | (date)   | (signature of attending physician)   |  |  |  |
|            | Part II (complete only if appropriate)   |  |  |  |  |
|            | Tarch (complete only in appropriate)   |  |  |  |  |
|            | То:  | (name of person)   |  |  |  |
|            | of   | Lance of Lan |  |  |  |
|            | (home addites)   |  |  |  |  |
|            | This is to inform you that   | (name of Minister of Health and Long-Term Care)  |  |  |  |
|            | Minister of Health and Long-Term Care for the Province of Ontario, has reasonable cause to believe<br>that you are suffering from mental disorder of a nature or quality that likely will result in: |  |  |  |  |
| Check      | serious bodily harm to yourself, or  |  |  |  |  |
| Box(es)    | serious bodily harm to another person.   |  |  |  |  |
|            | unless you are placed in the custody of a psychiatric facility and has by Order dated  |  |  |  |  |
|            | (deter of order) (dee/ month / yeer) , authorized your custody in a psychiatric facility for up to 72 hou  |  |  |  |  |
|            | , au (dete of order) (dey / month / year)  | thorized your custody in a psychiatric facility for up to 72 hou   |  |  |  |
|            | (dels of order) (dey / month / year)   |  |  |  |  |
|            | (dels of order) (day / month / year)<br>(dels of order) (day / month / year)<br>You have the right to retain and instruct a lawyer v   |  |  |  |  |
|            | (dels of order) (dey / month / year)   |  |  |  |  |
|            | (see of order) (day / month / year)<br>You have the right to retain and instruct a lawyer v  | without delay.   |  |  |  |

# Implications of an incorrect F1

- Patient is detained "illegally"
  - Potential for civil lawsuit
- Form1 needs to be redone
  - Extends the length of detention
- Form 3 is filled and patient goes to Consent and Capacity Board
  - Lawyers bring up incorrectly filled out Form 1 and Form 3 is annulled
  - Process is restarted by redoing a Form 1
  - Waste of health care \$\$\$
- Potential for \$25,000 fine for knowingly contravening MHA
- Can't legally bill for a Form 1