

Filling out F1/F42 Step by Step Menu

Prepared by: Dr. Aviva Rostas
Psychiatry Resident
University of Toronto

What is a Form 1?

Ministry of Health
Ontario

Form 1
Mental Health Act

Application by Physician for Psychiatric Assessment

[Clear Form](#)

Name of physician _____ (print name of physician)
Physician address _____ (address of physician)
Telephone number () _____ Fax number () _____
On _____ (date) I personally examined _____ (print full name of person)
whose address is _____ (home address)

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:

Facts communicated to me by others:

The Future Test (check one or more)

I am of the opinion that the person is apparently suffering from mental disorder of a nature or quality that likely will result in:

serious bodily harm to himself or herself,
 serious bodily harm to another person,
 serious physical impairment of himself or herself

6427-41 (0012) (Disponible en version française) See reverse 7530-4072

- 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



Ministry
of
Health

Form 1
Mental Health Act

Application by Physician for
Psychiatric Assessment

Clear Form

Name of physician Dr. Examining Physician
(print name of physician)

Physician address TWH , Toronto ON
(address of physician)

Telephone number 416 603 5751 Fax number ()

On June 9th, 2014 I personally examined Mr. Jo Doe
(date) (print full name of person)

whose address is Specify city/province, NFA if NFA
(home address)

*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.*

Filling out a Form 1 – Box A

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 nature or quality that likely will result in:

- serious bodily harm to himself or herself,
- serious bodily harm to another person,
- serious physical impairment of himself or herself

Filling out a Form 1 – Box A

Box A continues on page 2!!!

Clear Form

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

I base this opinion 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 looks depressed and appears to be hallucinating.
Patient states he is depressed and still suicidal

Facts communicated by others:

Filling out a Form 1 – Box A

- Past present test
– Evidence of **RISK**
- Future test
– Evidence of **mental disorder**

Ministry of Health Ontario
Form 1
Mental Health Act
Application by Physician for Psychiatric Assessment

Clear Form Name of physician _____ (print name of physician)
Physician address _____ (address of physician)
Telephone number () _____ Fax number () _____
On _____ (date) I personally examined _____ (print full name of person)
whose address is _____ (home address)

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:

Facts communicated to me by others:

The Future Test (check one or more)
I am of the opinion that the person is apparently suffering from mental disorder of a nature or quality that likely will result in:

- serious bodily harm to himself or herself,
- serious bodily harm to another person,
- serious physical impairment of himself or herself

6427-41 (0012) (Disponible en version française) See reverse 7530-4072

Filling out a Form 1 – Box A

- 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 of Health Ontario

Form 1
Mental Health Act

Application by Physician for Psychiatric Assessment

Clear Form Name of physician _____ (print name of physician)

Physician address _____ (address of physician)

Telephone number () _____ Fax number () _____

On _____ (date) I personally examined _____ (print full name of person)

whose address is _____ (home address)

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:

Facts communicated to me by others:

The Future Test (check one or more)

I am of the opinion that the person is apparently suffering from mental disorder of a nature or quality that likely will result in:

serious bodily harm to himself or herself,

serious bodily harm to another person,

serious physical impairment of himself or herself

8427-41 (0012) (Disponible en version française) See reverse 7530-4072

Filling out a Form 1 – Box A

- **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 of Health Ontario
Form 1
Mental Health Act
Application by Physician for Psychiatric Assessment

Clear Form Name of physician _____ (print name of physician)
Physician address _____ (address of physician)
Telephone number () _____ Fax number () _____
On _____ (date) I personally examined _____ (print full name of person)
whose address is _____ (home address)

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:

Facts communicated to me by others:

The Future Test (check one or more)
I am of the opinion that the person is apparently suffering from mental disorder of a nature or quality that likely will result in:

- serious bodily harm to himself or herself,
- serious bodily harm to another person,
- serious physical impairment of himself or herself

6427-41 (0012) (Disponible en version française) See reverse 7530-4072

Filling out a Form 1 – Box B

Clear Form

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

I base this opinion 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 by others:

Box B – Section 15(1.1) of the Mental Health Act
Patients who are Incapable of Consenting to Treatment and Meet the Specified Criteria

Note: The patient must meet the criteria set out in each of the following conditions.

I have reasonable cause to believe that the person:

- Has previously received treatment for mental disorder of an ongoing or recurring nature that, when not treated, is of a nature or quality that likely will result in one or more of the following: (please indicate one or more)

- serious bodily harm to himself or herself,
- serious bodily harm to another person,
- substantial mental or physical deterioration of himself or herself, or
- serious physical impairment of himself or herself;

AND

- Has shown clinical improvement since the last treatment.

AND

I am of the opinion that the person,

- Is incapable, within the meaning of the *Health Care Consent Act, 1996*, of consenting to his or her treatment in a psychiatric facility and the consent of his or her substitute decision-maker has been obtained;

AND

- Is apparently suffering from the same mental disorder as the one for which he or she previously received treatment or from a mental disorder that is similar to the previous one;

(Disponible en version française)

6421-41 (0012) 7335-4972

Clear Form

Box B – Section 15(1.1) of the Mental Health Act
Patients who are Incapable of Consenting to Treatment and Meet the Specified Criteria (continued)

I base this opinion 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 by others:

I have reasonable cause to believe that the person's history of mental disorder and current mental or physical condition, is likely to: (choose one or more of the following)

- cause serious bodily harm to himself or herself, or
- cause serious bodily harm to another person, or
- cause substantial mental or physical deterioration, or
- suffer serious physical impairment.

I base this opinion 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 by others:

Today's date _____ Today's time _____

Attending physician's signature _____

This form authorizes, for a period of 7 days including the date of signature, the apprehension of the person named and his or her detention in a psychiatric facility for a maximum of 72 hours.

For Use at the Psychiatric Facility

Once the period of detention at the psychiatric facility begins, the attending physician should note the date and time this occurs and must promptly give the person a Form 42.

(Date and time detention commences) (Signature of physician)

(Date and time Form 42 delivered) (Signature of physician)

(Disponible en version française)

6421-41 (0012) 7335-4972

Too many 'ANDS'

Need to know about past psychiatric treatment

Document pt incapable to make tx decisions- Form 33

not required

SDM must be in place

Leave for psychiatrists to complete!

Filling out a Form 1- 3 signatures

I have made careful inquiry into all the facts necessary for me to form my opinion as to the nature and quality of the person's mental disorder. I hereby make application for a psychiatric assessment of the person named.

Today's date June 9th, 2014

Today's time 8:30AM

Examining physician's signature Examining MD
(signature of physician)

This form authorizes, for a period of 7 days including the date of signature, the apprehension of the person named and his or her detention in a psychiatric facility for a maximum of 72 hours.

For Use at the Psychiatric Facility

Once the period of detention at the psychiatric facility begins, the attending physician should note the date and time this occurs and must promptly give the person a Form 42.

June 9th, 2014, 8:30AM

(Date and time detention commences)

June 9th, 2014, 8:35AM

(Date and time Form 42 delivered)

Examining or ER MD


(signature of physician)

Examining or ER MD

(signature of physician)

(Disponible en version française)

What is a Form 42?



**Ministry
of
Health**

Form 42
Mental Health Act

**Notice to Person under Subsection 38.1 of
the Act of Application for Psychiatric
Assessment under Section 15 or an Order
under Section 32 of the Act**

Clear Form

Part I *(complete only if appropriate)*

To: _____
(name of person)

of _____
(home address)

This is to inform you that _____
(name of physician)

examined you on _____
(date of examination) (day / month / year) 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 Box(es) threatened or attempted or are threatening or attempting to cause bodily harm to yourself;

behaved or are behaving violently towards another person or have caused or are causing another 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 disorder of a nature or quality that likely will result in:

Check Box(es) serious bodily harm to yourself;

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:

a) have previously received treatment for mental disorder of an ongoing or recurring nature that, when not treated, is of a nature or quality that likely will result in

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;

c) are suffering from the same mental disorder as the one for which you previously received treatment or from a mental disorder that is similar to the previous one;

(Disponibile en version française)

See reverse

1787-41 (00/12)* 7530-827

Clear Form

Part B *(continued)*

d) given your history of mental disorder and current mental or physical condition, you are likely to

cause serious bodily harm to yourself,

cause serious bodily harm to another person,

suffer substantial mental or physical deterioration, or

suffer serious physical impairment;

e) 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

f) 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.

_____ (date) _____ (signature of attending physician)

Part II *(complete only if appropriate)*

To: _____
(name of person)

of _____
(home address)

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 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

_____ (date of order) (day / month / year), authorized your custody in a psychiatric facility for up to 72 hours.

You have the right to retain and instruct a lawyer without delay.

_____ (date) _____ (signature of attending physician)

1787-41 (00/12)* 7530-827

Filling out a Form 42



Ministry
of
Health

Form 42
Mental Health Act

Notice to Person under Subsection 38.1 of
the Act of Application for Psychiatric
Assessment under Section 15 or an Order
under Section 32 of the Act

Clear Form

Part I (complete only if appropriate)

To: Mr. John Doe

of Specify city/province, NFA if NFA

This is to inform you that Dr. Examining Physician

examined you on 9 June, 2014 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
Box(es)

- threatened or attempted or are threatening or attempting to cause bodily harm to yourself;
- behaved or are behaving violently towards another person or have caused or are causing another 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 disorder of a nature or quality that likely will result in:

Check
Box(es)

- serious bodily harm to yourself;
- serious bodily harm to another person; or
- serious physical impairment of you.

Filling out a Form 42

Clear Form

Part B (continued)

d) given your history of mental disorder and current mental or physical condition, you are likely to

- cause serious bodily harm to yourself;
- cause serious bodily harm to another person;
- suffer substantial mental or physical deterioration, or
- suffer serious physical impairment;

e) 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

f) 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.

9 June, 2014 *Examining MD*

(date) (signature of attending physician)

Part II (complete only if appropriate)

To: _____
(name of person)

of _____
(home address)

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 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 _____, authorized your custody in a psychiatric facility for up to 72 hours.

(date of order) (day / month / year)

You have the right to retain and instruct a lawyer without delay.

(date)

(signature of attending physician)

1787-41 (0012)* 7530-4827

Implications of an incorrect F1

- Patient is detained “illegally”
 - Potential for civil lawsuit
- Form 1 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