

**Certificate of Physician or Prescribed Health Professional that Psychiatric Examination is Required**  
(Section 18 of *The Mental Health Services Act*)

CANADA  
PROVINCE OF SASKATCHEWAN

I, the undersigned \_\_\_\_\_,  
*(name in full and qualifications)*

a physician, residing and practising at \_\_\_\_\_,

hereby certify that, on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,

separately from any other medical practitioner, personally examined \_\_\_\_\_  
*(name in full)*

of \_\_\_\_\_  
*(residence)*

and after making due inquiry into all the facts in connection with the case of the said person necessary to be inquired into in order to enable me to form a satisfactory opinion, certify that the said person is suffering from a mental disorder and requires a psychiatric examination to ascertain whether he/she should be admitted to an in-patient facility pursuant to section 24 of *The Mental Health Services Act* and that I have formed this opinion on the following grounds:

Arrangements have been made with \_\_\_\_\_,  
a physician with admitting privileges to an in-patient facility, for the said person to be examined as an out-patient.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of witness*

\_\_\_\_\_  
*Signature of physician*

Distribution: Physician with admitting privileges – Official Representative Physician