

**Certificate of Medical Practitioner for Compulsory Admission
of a Person to a Mental Health Centre**
(Section 24 of *The Mental Health Services Act*)

CANADA
PROVINCE OF SASKATCHEWAN

I, the undersigned
(name in full and qualifications)

a duly qualified medical practitioner with admitting privileges to
(mental health centre)

hereby certify that I, on the day of , 20 ,

at separately from any other practitioner, personally

examined of
(name in full) *(residence)*

and after making due inquiry into all the facts in connection with the case of that person necessary to be inquired into in order to enable me to form a satisfactory opinion, I am of the opinion that:

- (a) the person is suffering from a mental disorder as a result of which the person is in need of treatment or care and supervision which can be provided only in a mental health centre;
- (b) as a result of this disorder, the person is unable to fully understand and to make an informed decision regarding his/her need for treatment or care and supervision; and;
- (c) as a result of the mental disorder, the person is likely to cause harm to himself/herself or to others or to suffer substantial mental or physical deterioration if he/she is not detained in a mental health centre;

and I have formed this opinion on the following grounds:

Date (dd/mm/yy)

Signature of examining physician

Date (dd/mm/yy)

Signature of witness

Distribution

1. Mental health centre
2. Official representative
3. Officer in charge