



**Statement by Attending Physician to Review Panel**  
(Section 22 of *The Mental Health Services Regulations*)

CANADA  
PROVINCE OF SASKATCHEWAN

To the review panel for \_\_\_\_\_  
(region)

concerning the appeal by \_\_\_\_\_,  
(name of patient)

dated \_\_\_\_\_ concerning :  
(date)

- his/her detention, dated \_\_\_\_\_ in \_\_\_\_\_ ;  
(name of in-patient facility)
- the order for his/her transfer to \_\_\_\_\_ ;  
(name of another in-patient facility)
- his/her community treatment order, date \_\_\_\_\_ .
- decision to administer ECT.

Information concerning the patient:

1. Full name \_\_\_\_\_
2. Date of birth \_\_\_\_\_
3. Usual place of residence \_\_\_\_\_
4. Name and address of nearest relative \_\_\_\_\_  
\_\_\_\_\_

Attached is a copy/copies of:

- the certificate/certificates under which the patient is currently being detained.
- the order for transfer (if an order for transfer is under appeal and if a copy of the order is not available, give the reasons for the transfer stated in the order).  
\_\_\_\_\_  
\_\_\_\_\_
- the community treatment order.
- the certificate in support of the community treatment order.
- portions of the clinical record of the patient which are pertinent to the appeal.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of attending physician