

**Authorization for an Involuntary Patient to Receive Medical Services  
on a Hospital Unit other than a Designated Unit**  
(Clause 29(a) of *The Mental Health Services Regulations*)

CANADA  
PROVINCE OF SASKATCHEWAN

I, the undersigned , the attending physician  
*(name of attending physician)*  
of , an involuntary patient  
*(name of patient)*

under section 24 of *The Mental Health Services Act*

Authorize a transfer for   
*(name of patient)*  
to  to receive medical/surgical care  
*(name of medical unit)*

Following stabilization and treatment of the medical condition, the patient will be transferred back to the mental health centre.

Authorize a transfer for   
*(name of patient)*  
to   
*(name of medical unit)*  
from the Emergency Unit of   
*(name of facility)*  
for medical care, following which the patient,   
*(name of patient)*  
will be transferred to   
*(name of mental health centre)*

for further assessment and treatment.

\_\_\_\_\_  
Date (dd/mm/yy)

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

Distribution

1. Mental health centre
2. Client
3. Officer in charge