

**Consent for General Diagnostic and Treatment Services and  
Procedures on Voluntary Admission**  
under Section 17 of *The Mental Health Services Act*

Health Region: \_\_\_\_\_

I, the undersigned hereby authorize the administration upon

\_\_\_\_\_  
(*patient*)

of those diagnostic services, treatment services, tests, and other procedures which the attending physician or any other member of the  
medical staff of \_\_\_\_\_  
(*name of facility*)

to whom responsibility for \_\_\_\_\_ care and treatment has been assigned considers advisable.  
(*"my" or "the patient's"*)

Dated at \_\_\_\_\_, Saskatchewan, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,

\_\_\_\_\_  
*Signature of patient or person authorized to sign for patient*

\_\_\_\_\_  
*Relationship to patient of person authorized to sign for patient*

READ OVER AND EXPLAINED to the signatory who stated that he or she understood this document and affixed his or her signature in my presence.

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

\_\_\_\_\_  
*Name of witness*