

## **Form 4.1 Checklist: First Medical Certificate (Involuntary Admission)**

Instructions: This is an **OPTIONAL** form for BC Mental Health Act (MHA) directors and delegates. To help appraise the legal and quality criteria when asked to authorize involuntary admission and treatment. Follow the checklist when reviewing MHA Forms and place this form in the patient chart.

### **Section 1. All fields required to be completed**

<input type="checkbox"/>	Examination Site Address	
<input type="checkbox"/>	Site Type	
<input type="checkbox"/>	Examination Date is within past 14 days with date and time fully complete	
<input type="checkbox"/>	Form completed by fully licensed physician or nurse practitioner	Not a resident
<input type="checkbox"/>	Patient's full legal first and last name in space provided	
<input type="checkbox"/>	Physicians signature, name, college ID and phone number fully complete	

### ***Mental Health Act Section 22(3) Criteria – Involuntary Admission***

<input type="checkbox"/>	<ul style="list-style-type: none"> <li>○ Reasons for opinion that the person has a mental illness and/or condition</li> <li>○ Reasons for opinion that the mental illness is seriously impairing the person's ability to react appropriately with the environment or associate with others.</li> </ul>	<p>What is the current psychiatric diagnosis/condition? (Not abbreviated)</p> <p>What are the current symptoms or behaviours?</p> <ul style="list-style-type: none"> <li>- Mental illness symptoms must be severe enough to impair the person's functioning</li> </ul>
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>○ Reasons for opinion that the person requires treatment in or through a designated facility</li> </ul>	<p>What is the impact of symptoms or behaviours?</p> <ul style="list-style-type: none"> <li>- Making connection between current symptoms and behaviors and the person's ability to function</li> </ul> <p>What are the reasons for treatment specifically in a designated facility? Examples:</p> <ul style="list-style-type: none"> <li>- Needs frequent monitoring</li> <li>- Needs diagnostic clarification</li> <li>- Needs acute stabilization</li> <li>- To prevent harm to self/others or prevent physical or mental deterioration</li> </ul>
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>○ Reasons for opinion that the person requires care, supervision, and control in or through a designated facility to prevent the substantial mental or physical deterioration or for the protection of the person or for the protection of others.</li> </ul>	<p>What is the nature and description of the risk involved if they are not admitted to the designated facility?</p> <ul style="list-style-type: none"> <li>- This includes risks and harms that are related to the social, family, vocational, or financial life of the patient as well as physical conditions.</li> </ul>
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>○ Reasons for opinion that person cannot be suitably be admitted as a voluntary patient</li> </ul>	<p>Ex.</p> <ul style="list-style-type: none"> <li>- Not willing or able to seek help or treatment.</li> <li>- Unable to manage their lives safely.</li> <li>- There is a concern about risks to the patient or others if the person leaves the hospital without permission.</li> </ul>

		Patient may be too ill to be legally capable of making a valid request for admission or of consenting to treatment.
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**Section 2: Completed in the designated facility by someone other than examining professional who completed Section 1**

<input type="checkbox"/>	Signature of Mental Health Act Director or Delegate	
<input type="checkbox"/>	Date and time signed fully complete	Will be auto-populated in Cerner
<input type="checkbox"/>	Form legible	Only if paper copy done

## **Form 4.2 Second Medical Certificate (Involuntary Admission)**

Instructions: This is an **OPTIONAL** form for BC Mental Health Act (MHA) directors and delegates. To help appraise the legal and quality criteria when asked to authorize involuntary admission and treatment. Follow the checklist when reviewing MHA Forms and place this form in the patient chart.

### **Section 1. All fields required to be completed**

<input type="checkbox"/>	Examination Site Address	
<input type="checkbox"/>	Site Type	
<input type="checkbox"/>	Form 4.1 completion is within past 48 hours with date and time fully complete.	Completion of the Form 4.1 is when the Section 2 has been signed by the Director or Director's Delegate
<input type="checkbox"/>	Form completed by fully licensed physician <b>who did not complete the Form 4.1</b>	Not a resident or nurse practitioner
<input type="checkbox"/>	Patient's full legal first and last name in space provided	
<input type="checkbox"/>	Physicians signature, name, college ID and phone number fully complete	

### ***Mental Health Act Section 22(3) Criteria – Involuntary Admission***

<input type="checkbox"/>	<ul style="list-style-type: none"> <li>○ Reasons for opinion that the person has a mental illness and/or condition</li> <li>○ Reasons for opinion that the mental illness is seriously impairing the person's ability to react appropriately with the environment or associate with others.</li> </ul>	<p>What is the current psychiatric diagnosis/condition? (Not abbreviated)</p> <p>What are the current symptoms or behaviours?</p> <ul style="list-style-type: none"> <li>- Mental illness symptoms must be severe enough to impair the person's functioning</li> </ul>
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>○ Reasons for opinion that the person requires treatment in or through a designated facility</li> </ul>	<p>What is the impact of symptoms or behaviours?</p> <ul style="list-style-type: none"> <li>- Making connection between current symptoms and behaviors and the person's ability to function</li> </ul> <p>What are the reasons for treatment specifically in a designated facility? Examples:</p> <ul style="list-style-type: none"> <li>- Needs frequent monitoring</li> <li>- Needs diagnostic clarification</li> <li>- Needs acute stabilization</li> <li>- To prevent harm to self/others or prevent physical or mental deterioration</li> </ul>
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>○ Reasons for opinion that the person requires care, supervision, and control in or through a designated facility to prevent the substantial mental or physical deterioration or for the protection of the person or for the protection of others.</li> </ul>	<p>What is the nature and description of the risk involved if they are not admitted to the designated facility?</p> <ul style="list-style-type: none"> <li>- This includes risks and harms that are related to the social, family, vocational, or financial life of the patient as well as physical conditions.</li> </ul>
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>○ Reasons for opinion that person cannot be suitably be admitted as a voluntary patient</li> </ul>	<p>Ex.</p> <ul style="list-style-type: none"> <li>- Not willing or able to seek help or treatment.</li> <li>- Unable to manage their lives safely.</li> <li>- There is a concern about risks to the patient or others if the person leaves the hospital without permission.</li> <li>- Patient may be too ill to be legally capable of making a valid request for admission or of consenting to treatment.</li> </ul>

**Section 2: Completed in the designated facility by someone other than examining professional who completed Section 1**

<input type="checkbox"/>	Signature of Mental Health Act Director or Delegate	
<input type="checkbox"/>	Date and time signed fully complete	Will be auto-populated in Cerner
<input type="checkbox"/>	Form legible	Only if paper copy done