



PHYSICIAN'S APPLICATION FOR INVOLUNTARY ADMISSION

Form 1 The Mental Health Act, 1967 Section 8

Note: This form must be completed in full. In order to be valid, this application must be completed no later than seven days after the examination referred to above. The application is authority to admit only within fourteen days of the date it is completed.

I, the undersigned physician, hereby certify that on the 14 day of Feb, 19 67.

I personally examined

[Redacted name]

(name of person in full)

[Redacted address]

(home address)

After making due inquiry into all the facts necessary for me to form a satisfactory opinion, I do hereby further certify that he/she suffers from mental disorder of a nature or degree so as to require hospitalization in the interests of his/her own safety or the safety of others.

1. Facts indicating mental disorder observed by myself: (e.g., appearance, conduct, conversation.)

- Intellectually slow & unable to formulate a rational plan of action or decisions.

2. Other facts, if any, indicating mental disorder communicated to me by others: (State from whom the information was received.)

Alleged rape by 3 males 12 hours prior to exam: no particular family interest. Constantly running away between Feb 19 67 & Feb 24 67. Traces follow into apparently Ontario. Recently discharged from O.H.

3. State reason(s) why no measure short of hospitalization would be appropriate in the case of the above-named person:

Trial of O.H. & return pt to own home does not appear to be working in this environment. Reassessment for different admission unit essential.

4. State reason(s) why the above-named person is not suitable for admission as an informal patient:

Refuses; parents refuse; unable to reason with patient; low & intellectual level.

I hereby apply for the involuntary admission of the above-named person to a psychiatric facility.

Signed this 24 day of Feb, 19 67.

The name and address of the physician must be printed or typed below:

[Redacted physician name and address]

[Redacted signature]

(Signature of physician)

Indicate medication (a) routinely received by the patient:

(b) administered to the patient within the last twenty-four hours:

Routine meds from Duffin O.H.