



FORM 4.1 FIRST MEDICAL CERTIFICATE (INVOLUNTARY ADMISSION)



Form ID: MHXX107802A

NEW: September 21, 2023

Page: 1 of 2

[Mental Health Act sections 22, 28, 29 and 42, R.S.B.C. 1996, c. 288] HLTH 3504.1 2022/12/06

SECTION 1: All fields required to be completed.

First and Last Name of Person Examined (please print):		Personal Health Number (if available):
Name and Address of Examination Site:	<input type="checkbox"/> Designated facility <input type="checkbox"/> Other site	Examination Date (DD/MM/YYYY):

I have examined the person named above on the date noted above. I have determined that the person meets the requirements for involuntary admission under the *Mental Health Act* of British Columbia and I have set out the reasons for my determination below.

- I have formed the opinion that the person **has a disorder of the mind that requires treatment and seriously impairs the person's ability to react appropriately to their environment or associate with others.** The reasons for my opinion are as follows:
- I have formed the opinion that the person **requires treatment in or through a designated facility.** The reasons that I have formed this opinion are as follows:
- I have formed the opinion that the person **requires care, supervision and control in or through a designated facility to prevent their substantial mental or physical deterioration or for the protection of the person or for the protection of others.** The reasons that I have formed this opinion are as follows:
- I have formed the opinion that the **person cannot suitably be admitted as a voluntary patient.** The reasons that I have formed this opinion are as follows:

Signed below by: Check if summary continued on back of this page Patient was given a copy of this form

Examining Professional: <input type="checkbox"/> Physician <input type="checkbox"/> Nurse Practitioner	Name of Examining Physician or Nurse Practitioner (please print):		Signature of Physician or Nurse Practitioner:	Date Signed (DD/MM/YYYY):
	Phone Number:	College ID Number:		Time Signed: 24HR HH:MM

Yes No **This person was brought to me by a police officer or constable under section 28 of the Act.**

SECTION 2: To be completed in a designated facility by someone other than the examining professional who completed Section 1

Note: In the case of a certificate relating to a person detained in a correctional centre or youth custody centre, Section 2 does not require completion.

I, the Mental Health Act Director or delegate, confirm that I have reviewed Section 1 of this form, and that it sets out the information required by section 22(3) of the Mental Health Act to involuntarily admit the person who was examined to the designated facility named below.

Name of MHA Director of Designated Facility or Delegate (please print):	Signature of Mental Health Act Director or Delegate of Designated Facility:	Involuntary Admission Date (Date & Time Signed)
Name of Designated Facility:		Date Signed (DD/MM/YYYY):
		Time Signed: 24HR HH:MM

Note: When a Form 4.1 (First Medical Certificate) is completed outside of a designated facility, it is valid for up to 14 days from the date of medical assessment and authorizes apprehension, detainment and transportation to a designated facility. Involuntary admission begins when the Mental Health Act (MHA) Director or delegate of a designated facility completes Section 2 of Form 4.1 and lasts up to 48 hours. A Form 4.2 must be completed during this time to extend involuntary admission for up to one month. If a Form 4.2 is not completed within that time, a new Form 4.1 is required to restart involuntary admission. Form 5 must be completed to initiate involuntary treatment. Immediately upon involuntary admission, attempts must be made to help the person understand their rights under the MHA by completing Form 13.

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Page: 2 of 2

THIS SECTION TO BE COMPLETED ONLY IF SUMMARY IS CONTINUED ON THIS SIDE OF THE FORM

First and Last Name of Person Examined (please print):		Personal Health Number (if available):
Name of Examination Site:	Examination Date (DD/MM/YYYY):	Examination Time: 24HR HH:MM

Summary continued:

[Large empty box for summary continuation]