

FORM 26

APPLICATION FOR AN INQUIRY INTO WHETHER
SPECIFIED PSYCHIATRIC TREATMENT SHOULD BE
GIVEN WITHOUT CONSENT
(Mental Health Act, R.S.N.B. 1973, c.M-10, s.30.3(1))

I, _____, of _____
(Name of Attending Psychiatrist) (Address)

am the attending psychiatrist of _____,
(Name of Patient)

an involuntary patient detained in _____.
(Name of Psychiatric Facility)

The involuntary patient

(Check one)

- has not reached the age of sixteen years.
- has reached the age of sixteen years, but is not, in my opinion, mentally competent to give or refuse to give consent in relation to specified psychiatric treatment.
- has reached the age of sixteen years and is, in my opinion, mentally competent to give or refuse to give consent in relation to specified psychiatric treatment, but refuses to do so.

I hereby apply to the review board for an inquiry into whether specified psychiatric treatment, other than routine clinical medical treatment, should be given without consent.

Dated this _____ day of _____, 20 _____.

Signature of Attending Psychiatrist

NOTE: This application must be accompanied by

- (a) the Certificate of Attending Psychiatrist (Form 27) if the patient has reached the age of sixteen years,
- (b) a statement setting forth any other opinions of the attending psychiatrist and facts on which the application is based,
- (c) a description of the proposed treatment, and
- (d) a statement from another psychiatrist setting forth that psychiatrist's opinion in support of the application.