Government of Northwest Territories
Gouvernement des Territoires du Nord-Ouest

FORM 10 – *Northwest Territories Mental Health Act*

SUMMARY STATEMENT RESPECTING APPREHENSION OR CONVEYANCE

This form must stay with the person being apprehended and/or conveyed

Name of Person	Gender	Date of Birth (DD-MM-YYYY)
Address of Person		
Street	Community	Postal Code

Patient Physical Description		
	Height	Weight
Distinguishing Features (tattoos, scars)		

The person is under the following instrument authorizing their apprehension and/or conveyance:		
Instrument	**Authority Provided***	**Length of Authority**
☐ *Certificate of Involuntary Assessment*	Apprehension and conveyance to designated facility	ASAP – ***up to 7 days***
☐ *Certificate of Involuntary Admission*	Conveyance to designated facility	ASAP
☐ *Authorization to Transfer Involuntary Patient to Facility Within the NWT*	Conveyance to receiving designated facility	ASAP
☐ *Certificate Authorizing Transfer of Involuntary Patient to Facility Outside the NWT*	Conveyance for purposes of transfer out of the NWT	ASAP
☐ *Authorization to Transfer Patient to Designated Facility from Health Facility Outside the NWT*	Apprehension and conveyance to designated facility	ASAP
☐ *Certificate Requiring Patient to Attend Mandatory Assessment at Health Facility*	Apprehension and conveyance to health facility	ASAP – ***up to 30 days***
☐ *Unauthorized Absence Statement*	Apprehension and conveyance to designated facility	ASAP – ***up to 30 days***

Issuer		
Name of Issuer	Date of Issue (DD-MM-YYYY)	Time of Issue
Authority Expires (if applicable)		
Date (DD-MM-YYYY)	Time	

** Authority to apprehend and/or convey a person also provides authority to detain and control the person for the purposes of conveyance.*

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FACILITY INFORMATION

Transferring Facility/Location (if applicable)

Name		
Street	Community	Postal Code

Receiving Facility

Name		
Street	Community	Postal Code

TRANSPORTATION INFORMATION (if known)

Scheduled Departure Date (DD-MM-YYYY)	Scheduled Departure Time
Other Information (if applicable)	

Is there a history of violence to self or others (including threats)? (if known)

☐ Yes ☐ No ☐ Unknown

Please describe:

Is there a history of escape (including attempts)? (if known)

☐ Yes ☐ No ☐ Unknown

Please describe:

Other situational factors/considerations

Please describe:

Printed Name of Health Professional or Director of Designated Facility who Issued Instrument Authorizing Apprehension and/or Conveyance	X PLEASE PRINT FORM TO SIGN Signature	
Date of Request (DD-MM-YYYY)	Time of Request	Telephone Number

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The personal health information on this form is being collected under the authority of the *Mental Health Act*. It is protected by the privacy provisions under the *Health Informat on Act* (HIA) and will not be used or disclosed unless allowed or required by the HIA or any other Act. If you have any questions about this form, please contact the Clinical Mental Health Program Specialist at 867-767-9061 or mhact_reviewboard@gov.nt.ca