



FORM 21 – Northwest Territories Mental Health Act

NOTICE OF INTENTION TO ISSUE ASSISTED COMMUNITY TREATMENT CERTIFICATE

This notice is completed by the attending medical practitioner to inform the director of the designated facility of the intention to begin preparations for the issuance of an *Assisted Community Treatment Certificate* for an involuntarily patient. This notice is to be completed **prior** to consultation with the health professionals and/or bodies required to initiate the certificate.

Name of Patient		Gender			
Health Care Number		Date of Birth (DD-MM-YYYY)			
Address of Patient					
Street		Community		Postal Code	
Designated Facility (where admitted)					
Name					
Street		Community		Postal Code	
Current Involuntary Admission Certificate	Date of Issue (DD-MM-YYYY)	Time of Issue	Name of Attending Medical Practitioner who Issued Certificate	Date of Expiry (DD-MM-YYYY)	Time of Expiry
<i>Certificate of Involuntary Admission</i>					
OR Renewal Certificate					

TO BE COMPLETED BY ATTENDING MEDICAL PRACTITIONER ISSUING THE NOTICE

I, _____ of _____,
(Attending Medical Practitioner) (Address)

have personally examined _____ within the past 72 hours, on _____
(Patient Name) Date (DD-MM-YYYY) Time

and intend to begin preparations for an *Assisted Community Treatment Certificate*.

In my opinion, this patient meets the criteria for an *Assisted Community Treatment Certificate*:

- The patient is suffering from a mental disorder for which the patient is in need of supervision and treatment or care that can be provided while the patient resides outside the designated facility;
- If the patient does not receive supervision and treatment or care while residing outside the designated facility, he or she is likely, because of the mental disorder, to cause serious harm to himself or herself or another person or to suffer substantial mental or physical deterioration, or serious physical impairment;
- The patient is capable of complying with the requirements for supervision and treatment or care included in the *Community Treatment Plan*;
- The patient is willing to comply with the requirements for supervision and treatment or care included in the *Community Treatment Plan*; and
- Adequate treatment, services and support are available and will be provided to the patient.

