



FORM 3 – Northwest Territories Mental Health Act
CERTIFICATE OF INVOLUNTARY ADMISSION

This certificate authorizes the conveyance of a person by a peace officer or other authorized person to the specified designated facility. It authorizes the involuntary admission of that person to the designated facility for **up to 30 days**. It further authorizes the detention and control of the person for these purposes.

Name of Person		Gender	
Health Care Number		Date of Birth (DD-MM-YYYY)	
Address of Person (community of residence at time of examination)			
Street		Community	Postal Code
Designated Facility (where examined)			
Name			
Street		Community	Postal Code
Certificate of Involuntary Assessment			
Date of Issue (DD-MM-YYYY)	Time of Issue	Date of Expiry (DD-MM-YYYY)	Time of Expiry

TO BE COMPLETED BY MEDICAL PRACTITIONER ISSUING CERTIFICATE

I, _____, of _____, personally examined
(Medical Practitioner) (Address)
_____ of _____
(Full Name of Patient) (Community)
on _____ at _____.
(DD-MM-YYYY) (Time)

In my professional opinion, the person:

- (a) is suffering from a mental disorder;
- (b) because of the mental disorder, is likely to cause serious harm to themselves or to another person, or to suffer substantial mental or physical deterioration, or serious physical impairment if they are not admitted as an involuntary patient; and
- (c) is not suitable to be admitted as a voluntary patient.

The person must meet all of the criteria outlined above for the Medical Practitioner to issue the certificate.

The following information supports my opinion that the person meets the criteria as checked above:

Facts personally observed during examination:

Facts communicated by others/other information:

Differential diagnosis and/or diagnosis:

The person named in this certificate:

Is already at the designated facility where they will be admitted as an involuntary patient.

OR

Requires conveyance to a different designated facility for involuntary admission, as outlined below:

Designated Facility where person is to be conveyed for involuntary admission

Name

Street

Community

Postal Code

This certificate is valid for up to 30 days, and expires on _____ at _____
(DD-MM-YYYY) (Time)

Dated this _____ day of _____, 20 _____ at _____ .
(Time)

Printed Name of Medical Practitioner

X

Signature

Distribution Note:

- This form must be filed with the director of the designated facility where the patient is admitted involuntarily.
- Copies need to be provided to the patient, and if applicable:
 - (a) Substitute decision maker
 - (b) Person designated by patient to receive information
 - (c) A person with lawful custody or authority if the patient is a minor
 - (d) Legal guardian
 - (e) Agent under a personal directive
 - (f) Relative (with patient’s consent if (a) to (e) do not apply)

Additional Actions Required:

- A *Summary Statement Respecting Apprehension or Conveyance* may be required by the peace officer or other authorized person responsible for conveyance.
- Complete *Notification of Patient Rights and Other Information* form **at earliest opportunity**.
- Complete assessment to determine if the patient is mentally competent to make treatment decisions **as soon as possible**, and if required, complete *Treatment Decision Certificate* and *Designation of Substitute Decision Maker* forms.
- Complete assessment to determine if the patient is mentally competent to manage their estate **at earliest opportunity**, and if required, complete *Certificate of Mental Incompetence*.

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 Information 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

If you would like this information in another official language, contact us at 1-855-846-9601. / Si vous voulez ces informations dans une autre langue officielle, téléphonez-nous au 1-855-846-9601.