

Formed Patients

2021 Review

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Forming a Patient

- ▶ Recently we have had incidents where Form 1's and 42's have not been filled out correctly for patients...causing delayed admissions and leading to unsafe patient care.
- ▶ Form 1 = Application of Physician for Psychiatric Assessment
 - ▶ Should be considered for patients who are at risk of leaving the hospital
 - ▶ If a Form 1 is being completed, an EPIC order for Form 1 must also be entered
- ▶ Any patient being placed on a Form 1 **must** be given a Form 42
 - ▶ Form 42 must be given by the provider issuing the Form 1
 - ▶ Patient must be made aware that they are being placed on a Form 1 and that they are receiving a Form 42
 - ▶ Please have clerk photocopy all Form 42's and place copy with patient's chart
- ▶ Link now available on all East and West computer desktops (Form 1 and 42)
 - ▶ Can fill out online then print or print and fill out; must be signed once printed
- ▶ Please notify CSN **BEFORE** you are placing patient on a form

Form 1

Ministry of Health
Ontario

Form 1
Mental Health Act

Application by Physician for
Psychiatric Assessment

Clear Form

Name of physician _____
(print name of physician)

Physician address _____
(address of physician)

Telephone number () _____ Fax number () _____

On _____ I personally examined _____
(date) (print full name of person)

whose address is _____
(home address)

You may only sign this Form 1 if you have personally examined the person within the past seven days. In deciding if a Form 1 is appropriate, you must complete either Box A (serious harm test) or Box B (persons who are incapable of consenting to treatment and meet the specified criteria test) below.

**Box A - Section 15(1) of the Mental Health Act
Serious Harm Test**

The Past / Present Test (check one or more)

I have reasonable cause to believe that the person:

has threatened or is threatening to cause bodily harm to himself or herself
 has attempted or is attempting to cause bodily harm to himself or herself
 has behaved or is behaving violently towards another person
 has caused or is causing another person to fear bodily harm from him or her; or
 has shown or is showing a lack of competence to care for himself or herself

I base this belief on the following information (you may, as appropriate in the circumstances, rely on any combination of your own observations and information communicated to you by others.)

My own observations:

Facts communicated to me by others:

The Future Test (check one or more)

I am of the opinion that the person is apparently suffering from mental disorder of a nature or quality that likely will result in:

serious bodily harm to himself or herself,
 serious bodily harm to another person,
 serious physical impairment of himself or herself

8427-41 (02/12) (Disponible en version française) See reverse 7130-4072

Key Points

- Box A is usually the section we will fill out
- Box A = Serious Harm Test
- Both the Past/Present and the Future sections need to be filled out
- “My own observations” - indicates that you were the one who assessed patient
 - Can be brief points
 - ex. suicide threats, delusions
- “Facts communicated to me by others”
 - ex. symptoms parents have mentioned, triage RN notes

Form 1 (cont)

Clear Form

Box A – Section 15(1) of the Mental Health Act
Serious Harm Test (continued)

I base this opinion on the following information (you may, as appropriate in the circumstances, rely on any combination of your own observations and information communicated to you by others.)

My own observations:

Facts communicated by others:

Box B – Section 15(1.1) of the Mental Health Act
Patients who are Incapable of Consenting to Treatment and Meet the Specified Criteria

Note: The patient must meet the criteria set out in each of the following conditions.

I have reasonable cause to believe that the person:

1. Has previously received treatment for mental disorder of an ongoing or recurring nature that, when not treated, is of a nature or quality that likely will result in one or more of the following: (please indicate one or more)
 - serious bodily harm to himself or herself,
 - serious bodily harm to another person,
 - substantial mental or physical deterioration of himself or herself, or
 - serious physical impairment of himself or herself;

AND

2. Has shown clinical improvement as a result of the treatment.

AND

I am of the opinion that the person:

3. Is incapable, within the meaning of the Health Care Consent Act, 1996, of consenting to his or her treatment in a psychiatric facility and the consent of his or her substitute decision maker has been obtained;

AND

4. Is apparently suffering from the same mental disorder as the one for which he or she previously received treatment or from a mental disorder that is similar to the previous one;

(Disponible en version française)

827-41 (01/12) 733-872

Key Points

- Box A continues on second page
- Box B = NOT to be used in the ED
 - Used for psychiatric reassessments
- Filling out box Box A and Box B of Form 1 makes the form invalid

Form 1 (cont)

Key Points

- Remember to sign as the **Examining Physician**
- Second signature states that you have given the patient **Form 42**
- The date and time that the detention commences should also be recorded

Clear Form

Box B – Section 15(1.1) of the Mental Health Act
Patients who are Incapable of Consenting to Treatment and Meet the Specified Criteria
(continued)

AND

5. Given the person's history of mental disorder and current mental or physical condition, is likely to: (choose one or more of the following)

- cause serious bodily harm to himself or herself, or
- cause serious bodily harm to another person, or
- suffer substantial mental or physical deterioration, or
- suffer serious physical impairment

I base this opinion on the following information (you may, as appropriate in the circumstances, rely on any combination of your own observations and information communicated to you by others.)

My own observations:

Facts communicated by others:

I have made careful inquiry into all the facts necessary for me to form my opinion as to the nature and quality of the person's mental disorder. I hereby make application for a psychiatric assessment of the person named.

Today's date _____ Today's time _____

Examining physician's signature _____
(signature of physician)

This form authorizes, for a period of 7 days including the date of signature, the apprehension of the person named and his or her detention in a psychiatric facility for a maximum of 72 hours.

For Use at the Psychiatric Facility

Once the period of detention at the psychiatric facility begins, the attending physician should note the date and time this occurs and must promptly give the person a Form 42.

(Date and time detention commences)

(signature of physician)

(Date and time Form 42 delivered)

(signature of physician)

(Disponible en version française)

6429-01 (2012) 7530-0072

Form 42

Ministry of Health
Form 42
Mental Health Act

Notice to Person under Subsection 38.1 of the Act of Application for Psychiatric Assessment under Section 15 or an Order under Section 32 of the Act

Clear Form

Part I (complete only if appropriate)

To: _____
(name of person)

of _____
(home address)

This is to inform you that _____
(name of physician)

examined you on _____
(date of examination) (day / month / year) and has made an application for you to have a psychiatric assessment.

Part A and/or Part B must be completed

Part A

That physician has certified that he/she has reasonable cause to believe that you have:

Check Box(es) threatened or attempted or are threatening or attempting to cause bodily harm to yourself;

behaved or are behaving violently towards another person or have caused or are causing another person to fear bodily harm from you; or

shown or are showing a lack of competence to care for yourself.

and that you are suffering from a mental disorder of a nature or quality that likely will result in:

Check Box(es) serious bodily harm to yourself;

serious bodily harm to another person; or

serious physical impairment of you.

Part B

That physician has certified that he/she has reasonable cause to believe that you:

a) have previously received treatment for mental disorder of an ongoing or recurring nature that, when not treated, is of a nature or quality that likely will result in

serious bodily harm to yourself,

serious bodily harm to another person,

substantial mental or physical deterioration of you, or

serious physical impairment of you;

b) have shown clinical improvement as a result of the treatment;

c) are suffering from the same mental disorder as the one for which you previously received treatment or from a mental disorder that is similar to the previous one;

(Disponible en version française) See reverse

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Clear Form

Part B (continued)

f) given your history of mental disorder and current mental or physical condition, you are likely to

cause serious bodily harm to yourself,

cause serious bodily harm to another person,

suffer substantial mental or physical deterioration; or

suffer serious physical impairment;

e) have been found incapable within the meaning of the Health Care Consent Act, 1996 of consenting to your treatment in a psychiatric facility and the consent of your substitute decision-maker has been obtained; and

f) you are not suitable for admission or continuation as an informal or voluntary patient.

The application is sufficient authority to hold you in custody in this hospital for up to 72 hours.

You have the right to retain and instruct a lawyer without delay.

(date)

(signature of attending physician)

Part II (complete only if appropriate)

To: _____
(name of person)

of _____
(home address)

This is to inform you that _____
(name of Minister of Health and Long-Term Care)

Minister of Health and Long-Term Care for the Province of Ontario has reasonable cause to believe that you are suffering from mental disorder of a nature or quality that likely will result in:

Check Box(es) serious bodily harm to yourself; or

serious bodily harm to another person.

unless you are placed in the custody of a psychiatric facility and has by Order dated _____
(date of order) (day / month / year), authorized your custody in a psychiatric facility for up to 72 hours.

You have the right to retain and instruct a lawyer without delay.

(date)

(signature of attending physician)

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Form 42 (cont)

- ▶ It is important to note the date and time the form 42 was given to the patient - ensures Form 3 is started within 72 hours of start of psychiatric hold
 - ▶ Please also include the date and time the detention commences.
- ▶ Ensure the same boxes are checked on Form 1 and Form 42
- ▶ The **original** Form 42 must be given to patient in a timely manner
 - ▶ Please have clerk copy the Form 1 and 42 to be kept in the patient's chart