

I, the undersigned

*(name in full and qualifications)*a psychiatrist within the meaning of *The Mental Health Services Act*, certify that on the  day of 20 , at *(place of examination)*

I examined

*(name of person who is the subject of this order)*

of

*(residence)*

and on the basis of this examination and any other pertinent facts that have been communicated to me have the following reasonable grounds:

to believe that he or she:

- (a) is suffering from a mental disorder for which he or she is in need of treatment or care and supervision that can be provided in the community;
- (b) during the immediately preceding two-year period:
  - (i) has been admitted, voluntarily or involuntarily, to a mental health centre on at least one occasion; or
  - (ii) has previously been the subject of a community treatment order;
- (c) as a result of the mental disorder, is likely to cause harm to himself or herself or to others, or to suffer substantial mental or physical deterioration if he or she does not receive treatment or care and supervision while residing in the community;
- (d) requires services in order to reside in the community so that he or she will not be likely to cause harm to himself or herself or to others, or to suffer substantial mental or physical deterioration, and these services (i) exist in the community, (ii) are available to him or her and (iii) will be provided to him or her;
- (e) as a result of the mental disorder, is unable to fully understand and to make an informed decision regarding his or her need for treatment or care and supervision; and
- (f) is capable of complying with the requirements for treatment or care and supervision contained in this community treatment order;

and therefore the subject will be provided with the following services and treatment:

**Community Treatment Order**  
(Section 24.3 of *The Mental Health Services Act*)

New       Renewal

If a certificate in support of this order is issued in Form H.4, the person who is subject is to attend appointments with the attending psychiatrist/physician and with

*(name and phone number of person authorized by regional director under 24.3(1)(e) of the Act)*

and is to submit to medical treatment and services that are prescribed by the attending psychiatrist/physician, who will ensure

that the required services will be provided for a period of  beginning on

*(maximum 6 months)*

*(dd/mm/yy)*

in order for the person who is the subject of this order to reside in the community.

(If considered necessary) The person who is the subject of this order is required to stay at

*(specified residence and phone number of residence)*

while being provided the services mentioned herein.

\_\_\_\_\_  
Date *(dd/mm/yy)*

\_\_\_\_\_  
Signature of examining physician

\_\_\_\_\_  
Signature of witness

**Distribution**

1. Patient
2. Nearest relative
3. Proxy (if any)
4. Personal guardian (if any)
5. Official representative