Government of Saskatchewan

Certificate in Support of a Community Treatment Order

(Section 24.4 of *The Mental Health Services Act*)

Ministry of Health
M-13.1 REG 1
Form H.4

CANADA
PROVINCE OF SASKATCHEWAN

I, the undersigned _____ a psychiatrist within the
(*name in full and qualifications*)

the meaning of *The Mental Health Services Act*, certify that on the _____ day of _____, 20 _____,

at _____, I examined _____
(*place of examination*) (*name of person who is the subject of a community treatment order*)

of _____ and on the basis of this examination and any other pertinent facts that
(*residence*)

have been communicated to me have the following reasonable grounds:

_____

to believe that _____
(*name of person who is the subject of this order*)

(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 the person; and (iii) will be provided to the person;

(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 FURTHERMORE, I have probable cause to believe that a community treatment order has been issued with respect to _____
(*name of person who is the subject of a community treatment order*)

in accordance with the requirements of section 24.3 of The Mental Health Services Act;

THIS IS THEREFORE to certify that I support the community treatment order and concur with the treatment that the person is to follow and the services that will be provided to that person.

_____ _____

Date (*dd/mm/yy*) Signature of examining physician

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

SAVE AS PRINT RESET