

CANADA
PROVINCE OF SASKATCHEWAN

I, the undersigned _____
(name in full and qualifications)

being

[] a psychiatrist

[] a physician

with admitting privileges to _____, hereby
(mental health centre)

certify that I, on the _____ day of _____, _____ separately from any other physician,
personally examined _____,
(name in full)

an involuntary patient in _____,
(mental health centre)

After making due inquiry into all the facts in connection with the case of that person necessary to be inquired into in order to
enable me to form a satisfactory opinion, and having explained the purpose, nature and effects of ECT, possible alternative
treatments and necessary preliminary and post-treatment care to the patient and (i) his or her nearest relative; or (ii) in a
case where a person other than the nearest relative has been appointed pursuant to section 26 of the Act, to that person;

and given consideration to the views the patient, the nearest relative or other person, as the case may be, expressed
concerning ECT and any alternative treatments, I am of the opinion that:

- (a) the person's mental condition will improve significantly if ECT is administered;
(b) alternative treatments are relatively ineffective for treating the patient's mental disorder; and
(c) the patient's mental condition will not show significant improvement without ECT;

and I have formed this opinion on the following grounds:

[Empty box for grounds]

Date (dd/mm/yy)

Signature of examining psychiatrist or physician

Distribution

- 1. Mental Health Centre
2. Patient
3. Official Representative