

Form 6
Declaration of Change of Status
(Subsection 24(2) - *Involuntary Psychiatric Treatment Act*,)

I, Dr. _____ (*full name*), a
psychiatrist, on the staff of _____ (*name of*
psychiatric facility), am the attending psychiatrist of
_____ (*full name of patient*), an involuntary
patient at the facility.

I examined this patient on ___/___/_____ (*dd/mm/yyyy*) at _____
a.m./p.m. at _____ (*location of examination*).

It is my opinion that the patient does not meet one or more of the following
criteria (*check all that apply*):

the patient has a mental disorder

the patient is in need of psychiatric treatment in a psychiatric
facility

as a result of the mental disorder, the patient (*check one or both*
boxes)

is threatening or attempting to cause serious harm to himself
or herself or has recently done so, has recently caused
serious harm to himself or herself, is seriously harming or is
threatening serious harm towards another person or has
recently done so

is likely to suffer serious physical impairment or serious mental
deterioration, or both

the patient requires psychiatric treatment in a psychiatric facility
and is not suitable for inpatient admission as a voluntary patient

the patient as a result of the mental disorder, does not have the
capacity to make admission and treatment decisions

I therefore declare that the patient no longer meets the requirements of
Section 17 of the *Involuntary Psychiatric Treatment Act* and the patient's
status is changed to that of a voluntary patient, effective the date that this
declaration is signed.

(date of signature)

(signature of attending psychiatrist)

(attending psychiatrist's name - printed)

Notes:

1) In accordance with subsection 24(2) of the Act, this form must be filed with the chief executive officer or designate.

2) In accordance with subsection 24(3) of the Act, when a patient's status is changed to that of a voluntary patient, the patient must be promptly informed by the attending psychiatrist that they have the right to leave the psychiatric facility, subject to any detention that is lawfully authorized other than under the *Involuntary Psychiatric Treatment Act*.