

**Form 9**  
**Community Treatment Order**  
**(Section 47 - Involuntary Psychiatric Treatment Act)**

I, Dr. \_\_\_\_\_ (*full name*), a  
psychiatrist on the staff of \_\_\_\_\_  
(*name of psychiatric facility*), personally examined  
\_\_\_\_\_ (*full name of person*) within the  
previous 72 hours on \_\_\_/\_\_\_/\_\_\_\_\_ (*dd/mm/yyyy*) at \_\_\_\_\_ a.m./p.m. at  
\_\_\_\_\_ (*location of examination*).

It is my opinion that the patient meets **all** of the following criteria (as set out in clause 47(3)(a) of the Act):

- the person has a mental disorder for which the patient is in need of treatment or care and supervision in the community and the treatment and care can be provided in the community
- the person, as a result of the mental disorder, (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
- as a result of the mental disorder, the person does not have the full capacity to make treatment decisions
- during the immediately preceding 2-year period, the person (check one):
  - has been detained in a psychiatric facility for a total of 60 days or longer
  
  - has been detained in a psychiatric facility on 2 or more separate occasions
  
  - has previously been the subject of a community treatment order

- the services that the person requires in order to reside in the community exist in the community, are available to the person, and will be provided to the person
- In arriving at my opinion that the person does not have the capacity to make admission and treatment decisions, I have considered whether the person fully understands and appreciates all of the following (as set out in Section 18 of the Act):
  - the nature of the condition for which the specific treatment or admission is proposed
  - the nature and purpose of the treatment or admission
  - the risks and benefits involved in undergoing the specific treatment or admission proposed
  - the risks and benefits involved in not undergoing the specific treatment or admission

AND I have also considered whether the person's mental disorder affects the person's ability to fully appreciate the consequences of making the treatment decision.

The following information supports my opinion that this person meets the criteria as checked above:

1) Observations from my examination of the patient:

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2) Information from other sources:

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Sources of above information (*identify specific sources*):

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(signature of witness)

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(signature of psychiatrist)

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(witness's name - printed)

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(psychiatrist's name - printed)

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(date of signature)

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(date of signature)

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**Notes:**

1) In accordance with subsection 47(5) of the Act, a copy of this order, together with a notice of the right to hold a hearing before the Review Boards must be given to all of the following:

- the person
- the substitute decision-maker who consented to the community treatment order
- the chief executive officer or designate
- any other health practitioner or other person who has obligations under the community

treatment plan

2) A copy of this order should be sent to the Review Board.

3) In accordance with subsection 49(2) of the Act, the psychiatrist who signs this order must notify all of the above listed people of any changes to the patient's community treatment order.