



Patient label area (optional)

FORM 4.1 FIRST MEDICAL CERTIFICATE (INVOLUNTARY ADMISSION)

[Mental Health Act sections 22, 28, 29 and 42, R.S.B.C. 1996, c. 288]

HLTH 3504.1 2023/11/27

SECTION 1 - All fields required to be completed.

Form fields for Section 1: Name and Address of Examination Site, Designated Facility/Other Site, Examination Date, Examination Time, Personal Health Number.

I have examined the person named above on the date noted above. I have determined that the person meets the requirements for involuntary admission under the Mental Health Act of British Columbia and I have set out the reasons for my determination below.

1. I have formed the opinion that the person has a disorder of the mind that requires treatment and seriously impairs the person's ability to react appropriately to their environment or associate with others. The reasons for my opinion are as follows:

2. I have formed the opinion that the person requires treatment in or through a designated facility. The reasons that I have formed this opinion are as follows:

3. I have formed the opinion that the person requires care, supervision and control in or through a designated facility to prevent their substantial mental or physical deterioration or for the protection of the person or for the protection of others. The reasons that I have formed this opinion are as follows:

4. I have formed the opinion that the person cannot suitably be admitted as a voluntary patient. The reasons that I have formed this opinion are as follows:

Signed below by:

Check if summary continued on back of this page

Check if Patient was given a copy of this form

Examining Professional fields: Name, Signature, Date Signed, Time Signed, Phone Number, College ID Number.

Yes/No This person was brought to me by a police officer or constable under section 28 of the Act.

SECTION 2 - To be completed in a designated facility by someone other than the examining professional who completed Section 1

Note: In the case of a certificate relating to a person detained in a correctional centre or youth custody centre, Section 2 does not require completion.

Section 2 fields: Name of MHA Director, Signature of MHA Director, Involuntary Admission Date, Name of Designated Facility, Decertification Date, Decertification Time.

Note: When a Form 4.1 (First Medical Certificate) is completed outside of a designated facility, it is valid for up to 14 days from the date of medical assessment and authorizes apprehension, detention and transportation to a designated facility.

THIS SECTION TO BE COMPLETED ONLY IF SUMMARY IS CONTINUED ON THIS SIDE OF THE FORM

First and Last Name of Person Examined (please print)	Personal Health Number (if available)
Name of Examination Site	Examination Date (DD/MM/YYYY)

Summary continued

Large empty rectangular area for writing the summary.