

## **FORM 4.1**

## FIRST MEDICAL CERTIFICATE (INVOLUNTARY ADMISSION)

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

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HLTH 3504.1 2023/11/27								
<b>SECTION 1 - All field</b>	s required to be completed.							
First and Last Name of Pe	rson Examined (please print)					Personal He	ealth Number (if available)	
Name and Address of Examination Site			Other Site		Examination Date (DD/MM/		YYYY) Examination Time 24HR HH:MM	
	e person named above on the sion under the Mental Health A							
	the opinion that the person <b>ha</b> st appropriately to their environ							
2. I have formed t this opinion are	the opinion that the person <b>rec</b> e as follows:	quires treatm	ent in or thro	ough a d	esignated faci	<b>lity.</b> The re	easons that I have formed	
their substant	the opinion that the person <b>rec</b> ial mental or physical deterion at I have formed this opinion an	oration or for						
4. I have formed the opinion that the <b>person cannot suitably be admitted as a voluntary patient.</b> The reasons that I have formed this opinion are as follows:								
Signed below by:			Check if sum	nmary cont	inued on back of thi	is page	Patient was given a copy of this form	
Examining Professional  Physician	Name of Examining Physician or Nu	ırse Practitioner (		<b>Signature</b> of Physician or Nurse Practitioner		rse [	Date Signed (DD/MM/YYYY)	
Nurse Practitioner	Phone Number	College ID Num	nber				Time Signed 24HR HH:MM	
Yes No This p	erson was brought to me by a police o	officer or constable	e under section 2	28 of the A	ct.	'		
	ompleted in a designated faci					occional v	who completed Section 1	
							mo 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.  I, the Mental Health Act Director or delegate, confirm that I have reviewed Section 1 of this form, and that it sets out the information required by section 22(3) of the Mental Health Act to involuntarily admit the person who was examined to the designated facility named below.  Involuntary Admission Date (Date & Time Signed)								
Name of MHA Director of Designated Facility or Delegate (please print)			Signature of Mental Health Act Director or Delegat Designated Facility		elegate of [	Date Signed (DD/MM/YYYY)		
Name of Designated Facility							ime Signed 24HR HH:MM	
Decertification		D	Decertification Date (DD/MM/YYYY)				Decertification Time 24HR HH:MM	
Note: When a Form 4.1 (First	Medical Certificate) is completed outside	of a decignated fac	ility it is valid for u	ın to 14 day	rs from the date of m	edical assess	ment and authorizes apprehension	

detainment and transportation to a designated facility. Involuntary admission begins when the Mental Health Act (MHA) Director or delegate of a designated facility completes Section 2 of Form 4.1 and lasts up to 48 hours. A Form 4.2 must be completed during this time to extend involuntary admission for up to one month. If a Form 4.2 is not completed within that time, a new Form 4.1 is required to restart involuntary admission. Form 5 must be completed to initiate involuntary treatment. Immediately upon involuntary admission, attempts must be made to help the person understand their rights under the MHA by completing Form 13.

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)				
This and East Name of Ferson Examined (please print)	reisonal rieditirivumber (ii available)				
Name of Examination Site	Evamination Date (DD /MMM 0000)				
Name of Examination Site	Examination Date (DD/MM/YYYY)				
Summary continued					