

**FORM 15 - Application by Attending Psychiatrist to the Review Board for
the Issuance of the Third or Subsequent Certificate of Detention**
(Mental Health Act, R.S.N.B. 1973, c.M-10, s.13(3))



I, _____ of _____
(Name of Attending Psychiatrist) *(Address)*

being the attending psychiatrist of _____,
(Name of Individual)

an involuntary patient detained at _____,
(Name of Psychiatric Facility)

state that I personally examined the individual on the _____ day of _____, 20 _____.

After making due inquiry into all the facts of the case, I am of the opinion that:

- (a) the person suffers from a serious mental illness,
- (b) the person's recent behaviour demonstrates that, because of the serious mental illness, the person is likely to cause serious harm to himself/herself or to another person, or to suffer mental or physical deterioration,
- (c) the person is not suitable for admission as a voluntary patient, and
- (d) less restrictive alternatives would be inappropriate.

The expiry date of the last certificate of detention issued is the _____ day of _____, 20 _____.

I therefore recommend continued detention and apply to the review board for the issuance of a

_____ certificate of detention.
(Third or subsequent - state number)

Dated this _____ day of _____, 20 _____.

(Signature of Attending Psychiatrist)