

Mental health centre
 Official representative

3. Officer in charge

# Certificate of Medical Practitioner for Compulsory Admission of a Person to a Mental Health Centre

Ministry of Health M-13.1 REG 1

 $10/15\ Form\ G$  - Page 1 of 1

## (Section 24 of *The Mental Health Services Act*)

Form G

#### Canada, Province of Saskatchewan

I, the undersigned $\underline{D}$	r. N. Patel MD FRC		a duly qualified medical practitioner with		
admitting privileges	to Regina Inpatier	nt Mental Health	Services	hereby certify that I, on the	
26	day of May	, <u>2020</u>	, at		
Weyburn			separately from	any other practitioner, personally exa	mined
Leonard Cohen			of Westmount, Q	uebec	and
after making due inc	quiry into all the f	acts in connect	tion with the case	of that person necessary to be inquire	ed into in
order to enable me t	o form a satisfact	ory opinion, I a	am of the opinion	that:	
and supervision  b. as a result of the regarding his/ c. as a result of the result of the regarding his/	on which can be puthis disorder, the puther need for treat the mental disorder that or physical contal or physical contains the property of the physical contains the physi	person is unable ment or care are er, the person is deterioration if	n a mental health e to fully underst nd supervision; and s likely to cause he/she is not deta	and and to make an informed decision	n
Date (dd/mm/yy)		Signat	Signature of examining physician		
Date (dd/mm/yy	y)		— — Signat	ure of witness	
Distribution					



Patient
 Nearest relative
 Proxy (if any)
 Personal guardian (if any)
 Official representative

## Notification Regarding Appeal Procedures (Section 33 of *The Mental Health Services Act*) Canada

Ministry of Health M-13.1 REG 1 Form M

10/15 Form M - Page 1 of 1

### **Province of Saskatchewan**

Notice to:	
Name of Patient: <u>Leonard Cohen</u>	
Nearest Relative: Mother	
Proxy:	_
Personal guardian:	
Official Representative: Andrews Benko and Associates (Chris	tina Skibinsky)
Name of Patient: <u>Leonard Cohen</u>	
■ is being detained in Regina Inpatient Mental Health Service dated 05 / 26 / 2020 🐼; or	of the authority of medical certificates
■ has become the subject of a community treatment order	dated 05 / 26 / 2020 😵
Section 34 of <i>The Mental Health Services Act</i> creates right proxy or personal guardian, an official representative or an	
A review panel has been appointed to investigate those app to write to the chairperson of the review panel. The name a region are as follows:	
Name ANDREWS BENKO and ASSOCIATES	
Address 300-2184 12th AVE, REGINA, SK, S4P0M5	<u> </u>
Date (dd/mm/yy)	Signature of attending physician
Distribution	



## **Statement by Attending Physician to Review Panel** (Section 22 of The Mental Health Services Act)

Ministry of Health M-13.1 REG 1

#### Canada

#### **Province of Saskatchewan**

Form O

To the review panel for Saskatchewan Mental H	concerning the appeal by	
Leonard Cohen	dated the 26	day of May ,
2020 :		
■ his/her detention in Regina Inpatient Mental	Health Services	on 05 / 26 / 2020 😵
■ the order for his/her transfer to (name of an	nother mental health centre	e)
■ his/her community treatment order		
Information concerning the patient:		
1. Full name Leonard Cohen		
2. Date of birth 05 / 19 / 2020 😵		
3. Usual place of residence Westmount, Qu	uebec	
4. Name and address of nearest relative, p  Mother Home sweet home	proxy or personal guardia	an, if any
Attached is a copy/copies of:		
	patient is currently being	g detained.
■ the order for transfer (if an order for transf	fer is under appeal and if	a copy of the order is not available, give
reasons for the transfer stated in the order)		
■ the community treatment order		
$\blacksquare$ the certificate in support of the community	y treatment order	
portions of the clinical record of the patien	nt which are pertinent to t	the appeal
Date (dd/mm/yy)	Signature	e of attending physician / designated person
Distribution		

- 1. Review panel
- 2. Official representative
- 3. Officer in charge