



**Certificate of Medical Practitioner for Compulsory Admission  
of a Person to a Mental Health Centre  
(Section 24 of *The Mental Health Services Act*)  
Canada, Province of Saskatchewan**

Ministry of Health

M-13.1 REG 1

**Form G**

I, the undersigned Dr. Psychiatrist (FRCPC) a duly qualified medical practitioner with admitting privileges to Regina Inpatient Mental Health Services hereby certify that I, on the 26 day of October, 2021, at Regina General Emergency Department separately from any other practitioner, personally examined Bob Smith of Regina, SK and after making due inquiry into all the facts in connection with the case of that person necessary to be inquired into in order to enable me to form a satisfactory opinion, I am of the opinion that:

- a. the person is suffering from a mental disorder as a result of which the person is in need of treatment or care and supervision which can be provided only in a mental health centre;
- b. as a result of this disorder, the person is unable to fully understand and to make an informed decision regarding his/her need for treatment or care and supervision; and;
- c. as a result of the mental disorder, the person is likely to cause harm to himself/herself or to others or to suffer substantial mental or physical deterioration if he/she is not detained in a mental health centre;

and I have formed this opinion on the following grounds:

This patient needs to be admitted on grounds that...  
Multiple lines  
Are available for explanation.

\_\_\_\_\_  
Date (dd/mm/yy)

\_\_\_\_\_  
Signature of examining physician

\_\_\_\_\_  
Date (dd/mm/yy)

\_\_\_\_\_  
Signature of witness

## Distribution

1. Mental health centre
2. Official representative
3. Officer in charge



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

Ministry of Health  
M-13.1 REG 1  
**Form M**

Notice to:

Name of Patient: Bob Smith

Nearest Relative: \_\_\_\_\_

Proxy: \_\_\_\_\_

Personal guardian: \_\_\_\_\_

Official Representative: Andrews Benko and Associates (Christina Skibinsky)

Name of Patient: Bob Smith

☒ is being detained in Regina Inpatient Mental Health Services of the authority of medical certificates dated 10 / 26 / 2021 ; or

☐ has become the subject of a community treatment order dated 10 / 26 / 2021

Section 34 of *The Mental Health Services Act* creates rights of appeal by a patient, the patient's nearest relative, any proxy or personal guardian, an official representative or any other person who has a sufficient interest.

A review panel has been appointed to investigate those appeal. A person who intends to submit an appeal is advised to write to the chairperson of the review panel. The name and address of the chairperson of the review panel for this region are as follows:

Name ANDREWS BENKO and ASSOCIATES

Address 300-2184 12th AVE, REGINA, SK, S4P0M5

\_\_\_\_\_  
Date (dd/mm/yy)

\_\_\_\_\_  
Signature of attending physician

Distribution

1. Patient
2. Nearest relative
3. Proxy (if any)
4. Personal guardian (if any)
5. Official representative



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

Ministry of Health

M-13.1 REG 1

Canada

**Form O**

**Province of Saskatchewan**

To the review panel for Saskatchewan Mental Health concerning the appeal by  
Bob Smith dated the 26 day of October,  
2021 :

- ☒ his/her detention in Regina Inpatient Mental Health Services on 10 / 26 / 2021
- ☐ the order for his/her transfer to (name of another mental health centre)
- ☐ his/her community treatment order

Information concerning the patient:

1. Full name Bob Smith
2. Date of birth 10 / 05 / 2021
3. Usual place of residence Regina, SK
4. Name and address of nearest relative, proxy or personal guardian, if any

Attached is a copy/copies of:

- ☒ the certificate/certificates under which the patient is currently being detained.
- ☐ the order for transfer (if an order for transfer is under appeal and if a copy of the order is not available, give the reasons for the transfer stated in the order)

- ☐ the community treatment order
- ☐ the certificate in support of the community treatment order
- ☐ portions of the clinical record of the patient which are pertinent to the appeal

\_\_\_\_\_  
 Date (dd/mm/yy)

\_\_\_\_\_  
 Signature of attending physician / designated person

Distribution

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