

FORM 8
MENTAL HEALTH ACT
[Section 25, R.S.B.C. 1996, c. 288]

REVIEW PANEL DETERMINATION

I, _____, chair of the review panel, certify that the
chair's name (please print)

review panel has reviewed the case of _____
first and last name of patient (please print)

who was admitted to _____ on _____
name of designated facility *date (dd / mm / yyyy)*

*and whose status as an involuntary patient was last renewed effective _____
**Complete only if applicable* *date (dd / mm / yyyy)*

signature of chair *date (dd / mm / yyyy)*

We, the members, or a majority of the members, of the review panel, have determined that the patient named above

should continue to be detained in or through a designated facility because section 22 (3) (a) (ii) and (c) of the Act continues to describe the condition of the patient.

OR

should be discharged.

Our reasons are:

Note: If above space is insufficient, continue on back of form

Dated _____
dd / mm / yyyy

The panel, or a majority of the panel:

signature of panel member

name of panel member (please print)

signature of panel member

name of panel member (please print)

signature of panel member

name of panel member (please print)