FORM 1 MENTAL HEALTH ACT [Section 20, R.S.B.C. 1996, c. 288]

REQUEST FOR ADMISSION (VOLUNTARY PATIENT)

The information on this form is collected pursuant to section 20 of the *Mental Health Act*. It will be used to document your voluntary admission to this facility designated under the *Mental Health Act*. Any questions you have about this form may be addressed to the director or staff of this facility.

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patient's first and	i iast name (pi	lease print)						
of								
of street address	city		province				pos	stal cod
request admission to	name of de	esignated facilit	y					
for treatment, and agree to abide by the rules and staff if I wish to be discharged from the designated		of the desi	gnated	facili	ty ar	nd to	info	orm th
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aignature (nations if 16 years of are an alder)		-	date d	faian		(dd /		(1000)
signature (patient, if 16 years of age or older)			uale c	n sign	alure	(aa /	111111 /	уууу)
OR								
OR								
			I			1	1	1
signature (parent or guardian, if patient is under the age of 1	6 years)	-	date c	of sign	ature	(dd /	mm /	′уууу)
name of parent or guardian, if applicable (please prin	t)							
			ı	Ι.,				
signature (witness)		-	date c	of sign	ature	(dd /	mm /	<i>yyyy)</i>
first and last name of witness (please print)								