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.

| I,patient's first a. | nd last name (ple | ease print) | |
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| F | | | |
| of | | | |
| street address | city | province | postal code |
| request admission to | | | |
| request admission to | name of designated facility | | |
| for treatment, and agree to abide by the rules and | d regulations (| of the designated facility a | nd to inform the |
| staff if I wish to be discharged from the designate | | or the designated rashing a | |
| oran no more to be also harges no more accegnant | | | |
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| | | | |
| signature (patient, if 16 years of age or older) | | date of signature | (dd / mm / yyyy) |
| | | | |
| OR | | | |
| | | | |
| | | | 1 1 1 |
| signature (parent or guardian, if patient is under the age of | f 16 years) | date of signature | (dd / mm / yyyy) |
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| The state of the s | -(-4) | | |
| name of parent or guardian, if applicable (please pr | rint) | | |
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| | | | |
| signature (witness) | | date of signature | (dd / mm / yyyy) |
| | | | |
| | | | |
| first and last name of witness (please print) | | | |