



Patient label area (optional)

FORM 4.1
FIRST MEDICAL CERTIFICATE (INVOLUNTARY ADMISSION)

[Mental Health Act sections 22, 28, 29 and 42, R.S.B.C. 1996, c. 288]

HLTH 3504.1 2022/12/06

SECTION 1 - All fields required to be completed.

Form fields for Section 1: First and Last Name of Person Examined, Personal Health Number, Name and Address of Examination Site, Designated Facility/Other Site, Examination Date.

I have examined the person named above on the date noted above. I have determined that the person meets the requirements for involuntary admission under the Mental Health Act of British Columbia and I have set out the reasons for my determination below.

1. I have formed the opinion that the person has a disorder of the mind that requires treatment and seriously impairs the person's ability to react appropriately to their environment or associate with others. The reasons for my opinion are as follows:

2. I have formed the opinion that the person requires treatment in or through a designated facility. The reasons that I have formed this opinion are as follows:

3. I have formed the opinion that the person requires care, supervision and control in or through a designated facility to prevent their substantial mental or physical deterioration or for the protection of the person or for the protection of others. The reasons that I have formed this opinion are as follows:

4. I have formed the opinion that the person cannot suitably be admitted as a voluntary patient. The reasons that I have formed this opinion are as follows:

Signed below by:

Check if summary continued on back of this page

Check if Patient was given a copy of this form

Form fields for 'Signed below by': Examining Professional (Physician/Nurse Practitioner), Name of Examining Physician or Nurse Practitioner, Signature of Physician or Nurse Practitioner, Date Signed, Phone Number, College ID Number, Time Signed.

Yes/No This person was brought to me by a police officer or constable under section 28 of the Act.

SECTION 2 - To be completed in a designated facility by someone other than the examining professional who completed Section 1

Note: In the case of a certificate relating to a person detained in a correctional centre or youth custody centre, Section 2 does not require completion.

I, the Mental Health Act Director or delegate, confirm that I have reviewed Section 1 of this form, and that it sets out the information required by section 22(3) of the Mental Health Act to involuntarily admit the person who was examined to the designated facility named below.

Involuntary Admission Date (Date & Time Signed)

Form fields for Section 2: Name of MHA Director of Designated Facility or Delegate, Signature of Mental Health Act Director or Delegate of Designated Facility, Date Signed, Name of Designated Facility, Time Signed.

Note: When a Form 4.1 (First Medical Certificate) is completed outside of a designated facility, it is valid for up to 14 days from the date of medical assessment and authorizes apprehension, detention and transportation to a designated facility. Involuntary admission begins when the Mental Health Act (MHA) Director or delegate of a designated facility completes Section 2 of Form 4.1 and lasts up to 48 hours.

THIS SECTION TO BE COMPLETED ONLY IF SUMMARY IS CONTINUED ON THIS SIDE OF THE FORM

First and Last Name of Person Examined (please print)	Personal Health Number (if available)
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Name of Examination Site	Examination Date (DD/MM/YYYY)	Examination Time 24HR HH:MM
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Summary continued

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