

**FORM 12**  
**MENTAL HEALTH ACT**  
[ Section 31, R.S.B.C. 1996, c. 288 ]

**MEDICAL REPORT**  
**(SECOND MEDICAL OPINION)**

To the director of \_\_\_\_\_ :  
*name of designated facility*

On \_\_\_\_\_ I examined \_\_\_\_\_  
*date (dd / mm / yyyy)* *first and last name of patient (please print)*

who is a patient at \_\_\_\_\_ .  
*name of designated facility*

Based on my examination, my opinion on the appropriateness of the treatment is  
*(include recommendations if any):*

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

\_\_\_\_\_  
*physician's signature* *date (dd / mm / yyyy)*

\_\_\_\_\_  
*physician's name (please print)*

\_\_\_\_\_  
*physician's address and phone number*

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**For Office Use Only**

I acknowledge receipt of this medical report.

\_\_\_\_\_  
*signature of director* *date (dd / mm / yyyy)*