

FORM 6

**CERTIFICATE OF MENTAL INCOMPETENCE OF INVOLUNTARY PATIENT
TO GIVE OR REFUSE TO GIVE CONSENT FOR VARIOUS PURPOSES
(Mental Health Act, R.S.N.B. 1973, c.M-10, s.8.5(1))**

To: The Administrator, _____
(Name of Psychiatric Facility)

I, _____, of _____,
(Name of Attending Psychiatrist) (Address)

am the attending psychiatrist of _____, an
(Name of Patient)

involuntary patient who has reached the age of sixteen years.

I am of the opinion that the involuntary patient is not mentally competent to give or refuse to give consent for the purposes of

(Check one)

- medical treatment that is not routine clinical medical treatment or other psychiatric treatment.
- disclosure of information under section 17 of the Act.
- a leave of absence under section 20 of the Act.
- a transfer to and detention in a psychiatric facility in another jurisdiction under section 27 of the Act.

The reasons for my opinion that the person to whom the certificate relates is not mentally competent to give or refuse to give consent are as follows:

Dated this ____ day of _____, 20____.

Signature of Attending Psychiatrist