

FORM 24

APPLICATION TO A REVIEW BOARD FOR AN INQUIRY INTO  
WHETHER ROUTINE CLINICAL MEDICAL TREATMENT  
SHOULD BE GIVEN WITHOUT CONSENT  
(Mental Health Act, R.S.N.B. 1973, c.M-10, s.30.2(1))

I, \_\_\_\_\_, being the attending  
(Name of Attending Psychiatrist)

psychiatrist of \_\_\_\_\_, an involuntary  
(Name of Patient)

patient detained in \_\_\_\_\_ state as  
(Name of Psychiatric Facility)

follows:

1. The patient had reached the age of sixteen years at the time of admission and was mentally competent to give or refuse to give consent in relation to routine clinical medical treatment at that time and gave consent to such treatment.

2. The patient

**(Check one)**

now refuses to give consent in relation to routine clinical medical treatment.

is now mentally incompetent to give or refuse to give consent in relation to routine clinical medical treatment.

I hereby apply to the review board for an inquiry into whether routine clinical medical treatment should be given to the patient without consent.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature of Attending Psychiatrist

NOTE: This application is to be accompanied by the Certificate of Attending Psychiatrist (Form 25) and a statement setting forth any other opinions of the attending psychiatrist and facts upon which the application is based.