

FORM 29

APPLICATION TO REVIEW BOARD FOR REVIEW OF TREATMENT
(Mental Health Act, R.S.N.B. 1973, c.M-10, s.31.1(1))

TO: The Chairman of the Review Board

Re: _____, an involuntary patient
(Name of Involuntary Patient)

detained at _____
(Name of Psychiatric Facility)

I the involuntary patient

a person on behalf of the involuntary patient

am of the opinion that a treatment being given to the involuntary patient

(Check one)

is not routine clinical medical treatment as authorized under section 8.11, 30.1 or 30.2 of the Act.

is not the specified psychiatric treatment authorized under section 30.3 of the Act.

I hereby apply for an inquiry into whether the treatment being given to the involuntary patient is the treatment authorized.

Dated this _____ day of _____, 20 _____.

Signature of Applicant

Name of Applicant (Printed)

Address of Applicant (Printed)

NOTE: This application must be accompanied by a statement setting forth the facts and opinions on which the application is based.