

FORM 25

**CERTIFICATE OF ATTENDING PSYCHIATRIST**  
**(Mental Health Act, R.S.N.B. 1973, c.M-10, s.30.2(2))**

I, \_\_\_\_\_,  
(Name of Attending Psychiatrist)

of \_\_\_\_\_  
(Address)

am the attending psychiatrist of \_\_\_\_\_,  
(Name of Patient)

an involuntary patient detained in \_\_\_\_\_.  
(Name of Psychiatric Facility)

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

In my opinion, the patient

**(Check one)**

- is not mentally competent to give or refuse to give consent in relation to routine clinical medical treatment.
- is mentally competent to give or refuse to give consent in relation to routine clinical medical treatment but refuses to give such consent.

The reasons for my opinion that the patient to whom this certificate relates is not mentally competent to give or refuse to give consent in relation to routine clinical medical treatment are as follows:

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

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