

1. Personal data of the person examined	Surname	Previous surnames
	Given names	
	Personal identity code	Place of residence
	Address	
	Identification of the examinee <input type="checkbox"/> Known previously <input type="checkbox"/> Identity confirmed from an official identification document (passport or identity card) <input type="checkbox"/> By other means, please specify: _____ <input type="checkbox"/> The identity of the examinee could not be confirmed	
Details of the legal representative (if available)	The legal representative is the examinee's <input type="checkbox"/> public guardian the guardianship order pertains to <input type="checkbox"/> matters pertaining to the examinee's person <input type="checkbox"/> financial affairs <input type="checkbox"/> custodian <input type="checkbox"/> other legal representative (e.g. person with a continuing power of authority, authorised trustee) who? _____	
	Name	Telephone number
	Address	
	<input type="checkbox"/> The examinee has been taken into care of a municipal body responsible for social services Municipal body responsible for social services: _____	
	Name and telephone number of the social worker responsible for the child's case	
Details of a next-of-kin / other close person (If available)	The person is the examinee's <input type="checkbox"/> next-of-kin, type of family relationship? _____ _____	
	<input type="checkbox"/> other close person, who? _____	
	Name	Telephone number
Address		
2. Case history	Case history concerning the onset and development of a psychotic disorder, or the onset and development of a serious mental disorder of a person under 18 years of age, and details of previous phases of treatment Case history provided by _____	

3. Observations made in clinical examination	<p>Date of examination ____ / ____ _____</p> <p>Current mental state</p> <p>Current medicinal treatment</p> <p>Physical illnesses that must be taken into account</p>
4. Grounds for referral to observation	<p>(Describe how each factor that must be assessed pursuant to section 8 of the Mental Health Act manifests itself in the case of the examinee)</p> <p>Psychotic disorder (section 8(1)) or a serious mental disorder of a person under 18 years of age (section 8(2))</p> <p>Need for treatment (at least one of the following three grounds must be substantiated):</p> <ul style="list-style-type: none"> - Considerable worsening of a psychotic disorder (section 8(1)) or disorder (section 8(2)) - Severe endangering of own health or safety - Severe endangering of others' health or safety <p>Reasons for why other mental health services are inapplicable (section 8(1) and (2)) or inadequate (section 8(1))</p>

5. Conclusions	<p>Based on the foregoing, I hold that the examinee is likely to meet the conditions of section 8 of the Mental Health Act, because the examinee is</p> <p>1) <input type="checkbox"/> psychotic and in need of treatment because of their psychotic disorder so that (section 8(1)) <input type="checkbox"/> under 18 years of age and due to a serious mental disorder in need of treatment so that (section 8(2))</p> <p>2) if not treated, that would considerably worsen their <input type="checkbox"/> psychotic disorder (section 8(1) only) <input type="checkbox"/> disorder (section 8(2) only)</p> <p>severely endanger their <input type="checkbox"/> health <input type="checkbox"/> safety</p> <p>severely endanger others' <input type="checkbox"/> health <input type="checkbox"/> safety</p> <p>3) and other mental health services</p> <p><input type="checkbox"/> are inapplicable (section 8(1) and (2))</p> <p><input type="checkbox"/> are inadequate (only section 8(1))</p>
6. Date and signature	<p>Obligation to take action so as to draw up a referral for observation rests with a public service physician in a health centre and, where the hospital district provides health centre emergency services, with an on-duty hospital district physician in public service. A referral for observation may also be drawn up by other licensed physician who is working in public or private health care.</p> <p>I hereby certify on my honour and conscience that the conditions for ordering the examinee to involuntary treatment referred to in section 8 of the Mental Health Act are likely to be met.</p> <p>Place Date Signature of the person conducting the examination</p> <p>The place of work of the person conducting the examination at the time when the examination was made (details of the emergency unit, department, etc.) and telephone number Clarification of signature, title, position/occupational title, identification code and place of work</p>