

Form approved by the Ministry of Social Affairs and Health **OBSERVATION STATEMENT****Form M2****(Please fill in using the language of the form)**

For a person recommended for involuntary psychiatric hospital treatment

1. Personal data of the person examined	Surname	Personal identity code
	Given names	
2. Observation statement	<p>The observation statement has been drawn up for the purpose of</p> <p>deciding on ordering to treatment deciding on continuation of treatment</p> <p>Admitted for observation in a hospital on ____ / ____</p> <p>Name and position of the physician who admitted the patient for observation: _____</p> <p>The previous decision on ordering to treatment was made on ____ / ____</p> <p>Observations made during the observation period</p>	
3. Grounds for ordering to involuntary psychiatric hospital treatment	<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</p> <p>Reasons for why other mental health services are inapplicable (section 8(1) and (2)) or inadequate (section 8(1))</p>	
4. Hearing	<p>Before a decision is made on the matter, the examinee must be provided with an opportunity to be heard as set forth in section 11(1) of the Mental Health Act and sections 34 and 36 of the Administrative Procedure Act (434/2003). If the matter is decided without such hearing, this must be duly justified pursuant to section 34(2) of the Administrative Procedure Act. The examinee's statement must be recorded as such in the observation statement. In addition, the examinee's written account can be appended to the observation statement if such has been given by the examinee. If the examinee does not express their opinion when heard, an explanation on how the examinee has been provided with an opportunity to be heard must be recorded in the observation statement.</p>	

Hearing of the examinee	<p>The examinee's opinion on ordering to treatment.</p> <p><input type="checkbox"/> The examinee's written account is enclosed if the examinee has given any</p>	
Hearing of the legal representative and other parties	<p>The provisions on the legal representative's right to be heard and the hearing of the legal representative are laid down in sections 14, 15 and 34–36 of the Administrative Procedure Act. Additionally, the parents and guardians of a minor admitted to observation, as well as the persons in whose care and upbringing the minor has been immediately prior to the admission for observation must, in as much as possible, be provided with an opportunity to be heard pursuant to section 11(1) of the Mental Health Act and sections 34 and 36 of the Administrative Procedure Act. If the matter is decided without such hearing, this must be duly justified as set forth in section 34(2) of the Administrative Procedure Act.</p>	
	<p>Name of the person to be heard</p>	<p>The person to be heard is</p> <p><input type="checkbox"/> public guardian (who has the power of representation in matters pertaining to the person concerned)</p> <p><input type="checkbox"/> custodian</p> <p><input type="checkbox"/> other legal representative (e.g. person with a continuing power of authority, authorised trustee, municipal body responsible for social welfare that has taken the child into care), who?</p> <p><input type="checkbox"/> parent</p> <p><input type="checkbox"/> person in whose care the minor has been immediately prior to the admission for observation, who?</p>
	<p>Opinion</p> <p><input type="checkbox"/> The written account of the person heard is enclosed if the person heard has given any</p>	
	<p>Name of the person to be heard</p>	<p>The person to be heard is</p> <p>public guardian (who has the power of representation in matters pertaining to the person concerned)</p> <p>custodian</p> <p>other legal representative (e.g. person with a continuing power of authority, authorised trustee, municipal body responsible for social welfare that has taken the child into care), who?</p> <p>parent</p> <p>person in whose care the minor has been immediately prior to the admission for observation, who?</p>

Opinion

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	<input type="checkbox"/> Based on the foregoing, I hold that the conditions for involuntary psychiatric hospital treatment are not met.			
8. Date and signature	The physician who produces an observation statement must be employed in the public service with the state, a municipality or a joint municipal authority.			
	<table border="0"> <tr> <td data-bbox="288 257 718 347"> I hereby certify on my honour and conscience that the above information is true and correct. </td><td data-bbox="718 257 1517 347"> Physician's signature </td></tr> <tr> <td data-bbox="288 392 718 436"> Hospital, date </td><td data-bbox="718 392 1517 436"> Clarification of signature, title, position and identification code </td></tr> </table>	I hereby certify on my honour and conscience that the above information is true and correct.	Physician's signature	Hospital, date
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