Form approved by the Ministry of Social Affairs and Health

Form M1

REFERRAL FOR OBSERVATION

For a person recommended for involuntary psychiatric hospital treatment

1. Personal data of the person examined	Surname Previous surnames Given names Personal identity code Place of residence Address Identification of the examinee ☐ Known previously ☐ Identity confirmed from an official identification document (passport or identity card) ☐ By other means, please specify: ☐ The identity of the examinee could not be confirmed
Details of the legal representative (if available)	The legal representative is the examinee's ☐ public guardian the guardianship order pertains to ☐ matters pertaining to the examinee's person ☐ financial affairs ☐ custodian ☐ other legal representative (e.g. person with a continuing power of authority, authorised trustee) who? Name Telephone number Address ☐ 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 ☐ next-of-kin, type of family relationship? ☐ 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	Date of examination _____ / _____ _____ Current mental state Current medicinal treatment Physical illnesses that must be taken into account
4. Grounds for referral to observation	(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) Psychotic disorder (section 8(1)) or a serious mental disorder of a person under 18 years of age (section 8(2)) Need for treatment (at least one of the following three grounds must be substantiated): - 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 Reasons for why other mental health services are inapplicable (section 8(1) and (2)) or inadequate (section 8(1))

5. Conclusions

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

1) ☐ psychotic and in need of treatment because of their psychotic disorder so that (section 8(1))

☐ under 18 years of age and due to a serious mental disorder in need of treatment so that (section 8(2))

2) if not treated, that would

considerably worsen their ☐ psychotic disorder (section 8(1) only) ☐ disorder (section 8(2) only)

severely endanger their ☐ health ☐ safety

severely endanger others' ☐ health ☐ safety

3) and other mental health services

☐ are inapplicable (section 8(1) and (2))

☐ are inadequate (only section 8(1))

6. Date and signature

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.

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.

Place Date Signature of the person conducting the examination

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

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