

FORM 18.1
MENTAL HEALTH ACT
[Section 34.2, R.S.B.C. 1996, c. 288]

NOTIFICATION TO NEAR RELATIVE
(ORDER FOR A REVIEW PANEL HEARING)

This is to notify _____
first and last name of near relative (please print)

of _____,
address of near relative

being a near relative of _____, who is an involuntary patient
first and last name of patient (please print)

in or through _____,
name and address of designated facility *phone number*

that on _____ the chair of the review panel, having been satisfied from a review of
date (dd / mm / yyyy)

the patient's treatment record that there is a reasonable likelihood that the patient would be discharged following a hearing, made an order for a hearing to determine whether the detention of the patient should continue.

If you wish to participate in the hearing or wish to provide information to the review panel, please contact the review panel office for information about the time, date and location of the hearing.

signature of review panel chair *date signed (dd / mm / yyyy)*

name of review panel chair (please print)

How to contact the review panel office:

Mental Health Review Board
302 - 960 Quayside Drive
New Westminster BC V3M 6G2
Tel: 604 660-2325
Fax: 604 660-2403