

Name of Person: \_\_\_\_\_

Person's Address (if known):  
\_\_\_\_\_

Phone (if known): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Personal Health Care Number \_\_\_\_\_

The person who is subject to this community treatment order has failed to comply with the following requirements of the treatment or care plan on the dates specified:

Date: \_\_\_\_\_ Treatment or Care: \_\_\_\_\_  
(month/day/year)

Date: \_\_\_\_\_ Treatment or Care: \_\_\_\_\_  
(month/day/year)

Date: \_\_\_\_\_ Treatment or Care: \_\_\_\_\_  
(month/day/year)

Date: \_\_\_\_\_ Treatment or Care: \_\_\_\_\_  
(month/day/year)

\_\_\_\_\_  
(signature of treatment or care provider)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(print name of treatment or care provider)

\_\_\_\_\_  
(phone number)

**Reporting obligations**

**In accordance with the *Community Treatment Order Regulation*, providers of treatment or care to the person who is subject to this community treatment order are required to report any failure by the person who is subject to the community treatment order to comply with the Treatment and Care Plan by**

- (a) completing Form 27, and**
- (b) submitting the completed Form 27 to the appropriate regional health authority within 24 hours of the time at which the provider became aware of the failure to comply.**