

Last Name (Legal)		First Name (Legal)	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB(dd-Mon-yyyy)	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Non-binary/Prefer not to disclose (X) <input type="checkbox"/> Unknown	

## Treatment Plan for a Formal Patient

Sections 1, 2 & 4 **MUST** be completed to ensure compliance with the Mental Health Act.

A copy of the plan **MUST** be provided to the patient prior to one month after admission as a formal patient.

Section 3 is also recommended to be completed in that time frame if details are known. Updates should be dated and initialed by the care provider and the patient whenever possible.

Section 1 - Admission Information		
Date of admission as a formal patient (yyyy-Mon-dd)	Current date (yyyy-Mon-dd)	
Primary mental health diagnosis	Other diagnoses requiring active management	
Competence to Make Mental Health Treatment Decisions	Capacity to Make Other Decisions	
Is the patient competent to make Mental Health Treatment Decisions? <input type="checkbox"/> Yes <input type="checkbox"/> No (ensure Form 11 is completed)	Is there a Guardian, Trustee or Agent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, is there a Substitute Decision Maker (SDM)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which act is providing authority? (ensure documentation has been reviewed and is available on the patient's health record) <input type="checkbox"/> Alberta Guardianship and Trusteeship Act <input type="checkbox"/> Personal Directives Act	
Medications – attach full list separately if additional space is needed, indicating purpose for each medication		
Medication Name	Dose, Route, and Frequency	Purpose
Other Treatment – attach list separately if additional space is needed		
Type e.g., group therapy	Detailed Description e.g., mindfulness group and CBT group on the unit	

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## Treatment Plan for a Formal Patient

### Section 2 - Progress Indicators

Criteria to be granted privileges and passes – *specify required milestones in the following categories*

Status of symptoms

Identified purpose of privileges/passes

Safety concerns

Risk of elopement

Other

Criteria to end status as a formal patient – *specify required milestones in the following categories*

Status of symptoms

Risk to self

Risk to others

Risk of deterioration

Other

### Section 3 - Discharge Considerations *(recommended - complete if known)*

Basic Needs – *briefly summarize current housing and financial considerations*

Housing

Finances

Is a Community Treatment Order being considered as part of Discharge Planning?

Yes  No

Details/Comments

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## Treatment Plan for a Formal Patient

<b>Section 3</b> <i>(continued)</i>		
Community Providers upon Discharge		
Program	Psychiatrist	Primary Care Provider
AMH Provider	Other	
Discharge Medications – <i>list all medications upon discharge</i>		

<b>Section 4 - Acknowledgement</b>	
I hereby acknowledge that this Treatment Plan has been reviewed with me in full, and that I have been offered a written copy.	
Patient Signature	SDM Signature <i>(if applicable)</i>
I hereby acknowledge that this Treatment Plan has been reviewed in full, and that a copy has been offered to the patient.	
Care Provider Signature	<input type="checkbox"/> Reviewed, but patient declined to sign or acknowledge.

Definitions	
<b>Capacity</b>	As per the Alberta Guardianship and Trusteeship Act, the legal determination of whether an individual has the ability to understand information that is relevant to making a personal or financial decision, and whether they are able to appreciate the reasonably foreseeable consequences of (1) a decision and (2) a failure to make a decision.
<b>Competence</b>	As per the Mental Health Act, a person is mentally competent to make treatment decisions if the person is able to understand the subject-matter relating to the decisions and able to appreciate the consequences of making the decisions.
<b>Community Treatment Order (CTO)</b>	A tool intended to assist patients in maintaining compliance with treatment while in the community.
<b>Elopement</b>	When a patient departs a health care facility unsupervised and undetected.
<b>Formal patient</b>	A patient detained in a facility pursuant to 2 admission certificates or 2 renewal certificates under the Mental Health Act. The date of admission of a formal patient is the date the second admission certificate is signed.
<b>Privileges</b>	The patient is allowed to leave the unit and remain on premises or facility grounds for a specified period of time, either accompanied or not.
<b>Pass(-es)</b>	The patient is allowed to leave the premises or facility grounds for a specified period of time, either accompanied or not. Also known as “leaves of absence”.
<b>Substitute Decision Maker (SDM)</b>	A person designated, as per the Mental Health Act, to make mental health treatment decisions for a formal patient who has been determined to lack the competence to do so by a physician.