

Last Name <i>(Legal)</i>		First Name <i>(Legal)</i>	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB <i>(dd-Mon-yyyy)</i>	
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	

Completeness Review - Mental Health Act Admission Certificate (Form 1)

- This form is to be placed in the patient's chart.
- The information collected below is used to report on Mental Health Act compliance. Consult with your supervisor/manager as reporting processes may vary by location.

Please include the following information from the Admission Certificate (Form 1) <i>(if any of these 3 fields is missing/illegible, please leave that field blank and mark as incomplete later on this form)</i>		
Date Admission Certificate (Form 1) issued <i>(dd-Mon-yyyy)</i>	Time Admission Certificate (Form 1) issued <i>(hh:mm)</i>	
Admission Certificate (Form 1) issuer <input type="checkbox"/> Physician <input type="checkbox"/> Other qualified health professional		
Check the "Incomplete" box if, in your opinion, the information is missing OR illegible upon review of the Admission Certificate (Form 1)		
Name of the issuing qualified health professional	<input type="checkbox"/> Incomplete	
Business address of the issuing qualified health professional	<input type="checkbox"/> Incomplete	
Issuing professional was identified as Physician OR other qualified health professional	<input type="checkbox"/> Incomplete	
Name of person for whom Admission Certificate (Form 1) was issued	<input type="checkbox"/> Incomplete	
Date the examination was conducted	<input type="checkbox"/> Incomplete	
Time the examination was conducted	<input type="checkbox"/> Incomplete	
Method of examination identified as in person OR video conference	<input type="checkbox"/> Incomplete	
Location of person being examined	<input type="checkbox"/> Incomplete	
Facts supporting all 4 admission criteria <i>(a, b, c, and d)</i>	<input type="checkbox"/> Incomplete	
Indication the facts for all 4 admission criteria <i>(a, b, c, and d)</i> were observed by the issuer, and/or communicated to the issuer by others	<input type="checkbox"/> Incomplete	
The following 2 italicized fields should only be reviewed for completeness for an Admission Certificate (Form 1) issued somewhere other than a designated facility If an Admission Certificate (Form 1) is issued at a designated facility, the following 2 italicized fields are not required, and should not be marked "Incomplete"		
<i>Name of Facility where the person was to be conveyed</i>	<input type="checkbox"/> Incomplete	
<i>Address of facility where the person was to be conveyed</i>	<input type="checkbox"/> Incomplete	
Date the Admission Certificate (Form 1) was issued	<input type="checkbox"/> Incomplete	
Time the Admission Certificate (Form 1) was issued	<input type="checkbox"/> Incomplete	
Admission Certificate (Form 1) was signed by the issuer	<input type="checkbox"/> Incomplete	
Required Action when any field(s) incomplete: Inform the most responsible QHP <i>(i.e., the physician or nurse practitioner most responsible for the person's care at time of review)</i> ONLY a QHP can decide what, if any, corrective actions are to be taken		
<input type="checkbox"/> The most responsible QHP has been notified of the incomplete items noted above		
Reviewer Name	Reviewer Signature	Date <i>(dd-Mon-yyyy)</i>

Please note that if a new examination is required, the resulting Admission Certificate (Form 1) will require review as well.