


PROVINCE OF BRITISH COLUMBIA
ORDER OF THE LIEUTENANT GOVERNOR IN COUNCIL

Order in Council No. 591, Approved and Ordered December 15, 2025



Lieutenant Governor

Executive Council Chambers, Victoria

On the recommendation of the undersigned, the Lieutenant Governor, by and with the advice and consent of the Executive Council, orders that, effective on the later of December 4, 2025 and the date of deposit, the Mental Health Regulation, B.C. Reg. 233/99, is amended

- (a) by repealing Form 5, and
- (b) by adding the attached Form 5.



Minister of Health



Presiding Member of the Executive Council

(This part is for administrative purposes only and is not part of the Order.)

Authority under which Order is made:

Act and section: *Mental Health Act, R.S.B.C. 1996, c. 288, s. 43 (2)*

Other: _____

R10944503

FORM 5
MENTAL HEALTH ACT
[Section 8, R.S.B.C. 1996, c. 288]
CONSENT FOR TREATMENT
(INVOLUNTARY PATIENT)

Note: Complete either **A** or **B**

A. I, _____, authorize the treatment described below.
first and last name of patient (please print)

B. I, _____, authorize the treatment described below
name of director or person authorized by the director (please print)

with respect to _____ at _____
first and last name of patient *name of designated facility (please print)*

Description of treatment/course of treatment:

The nature of the condition, options for treatment, the reasons for and the likely benefits and risks of the treatment described above have been explained to me by _____
name and position/title

Complete either **A** or **B**

A. If signed by patient

patient's signature

date (dd / mm / yyyy) *time*

witness' signature

witness' first and last name (please print)

To the best of my judgment, the above-named patient was capable of understanding the nature of the above authorization at the time it was signed.

_____, M.D.
signature of physician

B. If not signed by patient

signature

name of director or person authorized by the director (please print)

position/title

date (dd / mm / yyyy) *time*

The above-named patient is an involuntary patient under section 22, 28, 29, 30 or 42 of the *Mental Health Act* and to the best of my judgment is incapable of appreciating the nature of treatment and/or the patient's need for it, and is therefore incapable of giving consent.

_____, M.D.
signature of physician