FORM 1
MENTAL HEALTH ACT
[Section 20, R.S.B.C. 1996, c. 288]

REQUEST FOR ADMISSION
(VOLUNTARY PATIENT)

The information on this form is collected pursuant to section 20 of the *Mental Health Act*. It will be used to document your voluntary admission to this facility designated under the *Mental Health Act*. Any questions you have about this form may be addressed to the director or staff of this facility.

I, _____ ,
patient's first and last name (please print)

of _____
street address *city* *province* *postal code*

request admission to _____
name of designated facility

for treatment, and agree to abide by the rules and regulations of the designated facility and to inform the staff if I wish to be discharged from the designated facility.

_____ _____
signature (patient, if 16 years of age or older) *date of signature (dd / mm / yyyy)*

OR

_____ _____
signature (parent or guardian, if patient is under the age of 16 years) *date of signature (dd / mm / yyyy)*

_____
name of parent or guardian, if applicable (please print)

_____ _____
signature (witness) *date of signature (dd / mm / yyyy)*

_____
first and last name of witness (please print)