



To: Hilary Ross
(print name of patient)

of 414 Fraser Ave.
(home address)

This is to inform you that on Dec 19/03
(date of determination)

I, Loren Gandy, have made a determination
(print name of physician)

that you

Check appropriate box(es):

Form patient uses to challenge findings:

- | | |
|--|------------|
| 1. <input type="checkbox"/> are not mentally competent to examine your clinical record | 1. Form 31 |
| 2. <input type="checkbox"/> are not mentally competent to consent to disclosure of your clinical record | 2. Form 31 |
| 3. <input type="checkbox"/> are not mentally capable to manage your property | 3. Form 18 |
| 4. <input checked="" type="checkbox"/> are not mentally capable to consent to treatment of a mental disorder ("treatment" within the meaning of the <i>Health Care Consent Act</i>) | 4. Form A |

Check where appropriate:

- | | |
|--|------------|
| 1. <input type="checkbox"/> A certificate of incapacity to manage property has been issued | 1. Form 21 |
| 2. <input type="checkbox"/> A certificate of continuance has been issued | 2. Form 24 |

If you wish to challenge this (these) determination(s), you have the right to a hearing before the Board. You may apply for a hearing by completing the relevant form noted above.

Application forms are available from a Rights Adviser, this facility and the regional offices of the Board.

Dec 19/03
(date)

[Signature]
(signature of physician)

H Gandy
(print name of physician)

Children's Hospital of Eastern Ontario
(print name of psychiatric facility)

(Disponible en version française)

See reverse.