CAYMAN ISLANDS

REQUEST FOR REVIEW

Under section 5 of the Mental Health Law, 2013

MRN

Name of Patient: _____ DOB_____
First Middle Last Date (DD/MM/YY)

Gender: ☐ M ☐ F

District: ☐ WB ☐ GT ☐ BT ☐ EE ☐ NS ☐ CYB ☐ LYB ☐ OTHER _____

I, _____ , being a nearest relative of the above-named patient (herein referred to as "the person")
Print Name

hereby request the involuntary examination of the person.

This request for review will be included in the PERSON's clinical record and may be viewed by the PERSON.

I understand that by filling out this form, the PERSON may be taken by law enforcement to a health care facility for an examination.

I SWEAR that the answers to the following questions are given honestly, in good faith, and to the best of my knowledge.

1. a) **I live at:** _____
Print Your Full Residence Address Phone

Street Address: _____ District: _____

b) **I work as a:** _____ (_____) _____
Occupation Work Number

Work Street Address: _____ District: _____

c) **The PERSON lives at, or may be found at, the following address(es):**

Home Address: _____District:_____

Work Address: _____ District:_____

2. I have the following relationship with the PERSON: _____

3. **Tick All That Applies**

a) ☐ **I have** or ☐ **have not**; previously made allegations to law enforcement involving this PERSON on (Date) _____ such as domestic violence, trespassing, battery, child abuse or neglect, neighbourhood disputes, etc. as described: _____
_____
_____

b) A family member ☐ **has** or ☐ **has not**; previously made allegations to law enforcement involving the PERSON on (Date) _____ such as domestic violence, trespassing, battery, child abuse or neglect, neighbourhood disputes, etc. as described: _____
_____
_____

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c) This PERSON ☐ **has** or ☐ **has not**; previously made allegations to law enforcement about me or my family on (Date) _____ such as domestic violence, trespassing, battery, child abuse or neglect, Mental Health Law (2012 Revision) etc. as described: _____
_____
_____

4. Tick the one box that applies:

a) ☐ **I have** been involved in a court case with the PERSON
☐ **I have never** been involved in a court case with the PERSON

b) I am aware that a family member:
☐ **has been** involved in a court case with the PERSON
☐ **has not been** involved in a court case with the PERSON

If yes, explain_____
_____

5. I have known the PERSON for _____ (how long).

Please check Yes or No

a) The PERSON has only recently displayed unusual kinds of behavior	☐ Y	☐ N
b) The PERSON has, over a period of time, acted in a strange manner	☐ Y	☐ N
c) The PERSON's behaviour has deteriorated over a period of time	☐ Y	☐ N

COMPLETE THE FOLLOWING ONLY IF THE SECTION APPLIES TO THIS CASE:

6. I have seen the following behaviour, which causes me to believe that there is a good chance that the PERSON will cause serious bodily harm to himself/herself or others.
On _____ at approximately _____ a.m. / p.m.
Date (DD/MM/YY) Time

I saw the PERSON:_____
_____

7. Other behaviour of concern that I have personally seen is as follows: _____
_____
_____

8. To my knowledge ☐ **I do** ☐ **I do not**; believe these actions were a result of:
☐ developmental disability,
☐ intoxication,
☐ conditions resulting from antisocial behavior or substance abuse impairment or
☐ none of the above.

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CIRCLE AND/OR ANSWER APPLICABLE SECTIONS

9. **Yes / No**

a) I have attempted to get the PERSON to agree to seek assistance for a mental or emotional problem(s). I explained the purpose of the examination *(describe when, who was present, and whether you or another person explained the need for the examination*): _____

_____

_____

Yes / No

b) I did not try to get the PERSON to agree to voluntary examination because: _____

_____

Yes / No

c) The PERSON refused a voluntary examination because: _____

_____

10. Have you taken any steps to get the PERSON to go to a hospital for mental health care?

☐ YES *(If yes, provide details)* ☐ NO ☐ DON'T KNOW

_____

_____

11. Do you believe that the PERSON is unable to determine for himself/herself, why the examination is necessary?

☐ YES *(If yes, provide details)* ☐ NO ☐ DON'T KNOW

_____

_____

12. Do you believe that the PERSON has a mental impairment or serious mental illness as defined in the Mental Health Law, 2013?

☐ YES *(If yes, provide details)* ☐ NO ☐ DON'T KNOW

_____

_____

13. Do you believe that without care or treatment, the PERSON is likely to suffer from neglect or refuse to care for himself/ herself/ or others?

☐ YES *(If yes, provide details)* ☐ NO ☐ DON'T KNOW

_____

_____

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14. Do you believe that this lack of care or neglect will lead to the PERSON hurting himself/ herself/others?
☐ YES (*If yes, provide details)* ☐ NO ☐ DON'T KNOW

_____

_____

15. Are family or close friends able to provide enough care to avoid harm to the PERSON/ or others?
☐ YES ☐ NO *(If no, provide details)* ☐ DON'T KNOW

_____

_____

Provide the following identifying information about the person (if known)
Height: Weight: Hair Color: Eye Color:
Does the PERSON have access to any weapons? ☐ No ☐ Yes ☐ Don't know If yes, describe:
Is the PERSON violent now? ☐ No ☐ Yes ☐ Don't know Has the person been violent in the recent past? ☐ No ☐ Yes ☐ Don't know If yes, describe:
Does the PERSON have any pending criminal charges against him/her? ☐ No ☐ Yes ☐ Don't know If yes, describe:
GUARDIANSHIP: 1) Does the PERSON have a legal guardian? ☐ No ☐ Yes ☐ Don't know
2) Is there a pending petition to determine the PERSON's capacity and for the appointment of a guardian? ☐ No ☐ Yes ☐ Don't know If yes to either of the above, provide the name, address and phone number of the current or proposed guardian. Name: _____ Phone: ( )_____ Address: _____ City: _____ Zip:_____ _____
PHYSICIAN: Name: Phone: ( )
MEDICATIONS: Provide name of medications if known:
CASE MANAGEMENT: Provide name and phone number of case manager or case management agency, if known: (Social Worker/Probation Officer/Counsellor)

I understand that if in this form I have made a statement which I do not believe to be true I may be exposed to criminal penalties under section 21 of the Mental Health Law, 2013.

I declare that I have read the foregoing document and that the facts stated in it are true to the best of my knowledge.

Signature of Nearest Relative _____ Date (DD/MM/YY) _____
Printed Name of Nearest Relative _____

Signature of Person assisting Nearest Relative_____
Printed Name of Person assisting Nearest Relative_____Date (DD/MM/YY) _____

Signature of Person acting on behalf of Nearest Relative_____
Printed Name of Person acting on behalf of Nearest Relative_____ Date (DD/MM/YY) _____