

New   
1<sup>st</sup> Renewal   
2<sup>nd</sup> Renewal

FORM E

**Detoxification Order**

[Section 12 of *The Youth Drug Detoxification and Stabilization Act*]

[Clause 7(e)]

CANADA  
PROVINCE OF SASKATCHEWAN

I, the undersigned \_\_\_\_\_  
*(name of physician)*

a duly qualified medical practitioner hereby certify that I, on the \_\_\_\_\_ day  
of \_\_\_\_\_, 20 \_\_\_\_\_, at \_\_\_\_\_  
*(place of examination)*

separately from any other physician, personally examined \_\_\_\_\_  
*(name of assessed youth)*

of \_\_\_\_\_  
*(address in full)*

and after conducting an examination of the assessed youth and making due inquiry into all the facts in connection with the case of the assessed youth necessary to be inquired into in order to enable me to form a satisfactory opinion, I am of the opinion that:

- (a) the assessed youth is suffering from severe drug addiction or drug abuse and requires detention to facilitate detoxification and stabilization;
- (b) the assessed youth is likely to cause harm to himself or herself or to other persons, or to suffer substantial mental or physical deterioration, if he or she is not detained in a detoxification facility;
- (c) the assessed youth is either:
  - (i) unable to fully understand and to make an informed decision respecting his or her need to detoxify or stabilize; or
  - (ii) unable or unwilling to take steps to begin recovery from drug addiction or drug abuse or to reduce the risk of harm to himself or herself or to other persons;
- (d) other measures are not available or are not adequate to sufficiently allow the assessed youth to facilitate the assessed youth's detoxification and stabilization;  
and
- (e) it is in the best interest of the assessed youth to issue the detoxification order.

I have formed this opinion based on the following reasons:

---

---

---

---

---

---

---

---

---

---

Now, therefore, I, \_\_\_\_\_ , hereby issue this Detoxification Order  
*(physician)*

respecting \_\_\_\_\_ requiring him or her to be detained  
*(name of assessed youth)*

in \_\_\_\_\_  
*(name of detoxification facility)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of examining physician*