

Please read Instructions on reverse.

1. Patient's date of birth <div style="display: flex; justify-content: space-between; font-size: small;"> <span>yyyy</span> <span>mm</span> <span>dd</span> </div>	Patient's first and last initials	2. Date of issue <div style="display: flex; justify-content: space-between; font-size: small;"> <span>yyyy</span> <span>mm</span> <span>dd</span> </div>	Issuing physician name
Organization/agency name and address			

3. Patient's and physician's service affiliation at time CTO is issued: *(check one only)*

<input type="checkbox"/> Hospital Inpatient Psychiatry	<input type="checkbox"/> Hospital Outpatient Psychiatry/Mental Health	<input type="checkbox"/> Assertive Community Treatment (ACT)
<input type="checkbox"/> Private Practice	<input type="checkbox"/> Community Mental Health Program <i>(specify)</i> _____	
<input type="checkbox"/> Other <i>(specify)</i> _____		

4. Consent provided by:  client / patient     substitute decision-maker

5. Community Treatment Order     1<sup>st</sup> issue     renewal     re-issue  
*If more than one, specify the total number of CTOs patient has had (include the current one):* \_\_\_\_\_

6. Sex     male     female    7. No. of psychiatric hospitalizations in past 6 months: \_\_\_\_\_ admissions

8. Patient service involvement during previous 6 months *(check all that apply)*

<input type="checkbox"/> Hospital Inpatient Psychiatry	<input type="checkbox"/> Hospital Outpatient Psychiatry/Mental Health	<input type="checkbox"/> Medication Management / Clinic
<input type="checkbox"/> Crisis Intervention	<input type="checkbox"/> Assertive Community Treatment (ACT)	<input type="checkbox"/> Addiction Service
<input type="checkbox"/> Private Psychiatrist	<input type="checkbox"/> Supportive Housing	<input type="checkbox"/> Non-psychiatric Medical Care
<input type="checkbox"/> Community Mental Health Program(s) <i>(specify)</i> _____	<input type="checkbox"/> ER	
<input type="checkbox"/> None	<input type="checkbox"/> Don't know	
<input type="checkbox"/> Other service(s) <i>(specify)</i> _____		

9. Services to be involved in the current CTO *(check all that apply)*

<input type="checkbox"/> Hospital Outpatient Psychiatry/Mental Health	<input type="checkbox"/> Crisis Intervention	<input type="checkbox"/> Medication Management / Clinic
<input type="checkbox"/> Assertive Community Treatment (ACT)	<input type="checkbox"/> Case Management	<input type="checkbox"/> Supportive Housing
<input type="checkbox"/> Addiction Service	<input type="checkbox"/> Private Psychiatrist	<input type="checkbox"/> Non-psychiatric Medical Care
<input type="checkbox"/> Community Mental Health Program(s) <i>(specify)</i> _____		
<input type="checkbox"/> Other service(s) <i>(specify)</i> _____		

10. Patient involvement with legal system during previous 6 months *(check all that apply)*

<input type="checkbox"/> Apprehended under the Mental Health Act	<input type="checkbox"/> Criminal Arrest	<input type="checkbox"/> Incarcerated
<input type="checkbox"/> Probation and/or Parole	<input type="checkbox"/> Victim of Crime	<input type="checkbox"/> Court Diversion
<input type="checkbox"/> None	<input type="checkbox"/> Don't know	
<input type="checkbox"/> Other legal involvement <i>(specify)</i> _____		

11. Psychiatric diagnoses: *(check all that apply)*

<input type="checkbox"/> Schizophrenia	<input type="checkbox"/> Schizoaffective Disorder	<input type="checkbox"/> Bipolar Disorder
<input type="checkbox"/> Other Psychotic Disorder	<input type="checkbox"/> Substance/Alcohol Related Disorder	<input type="checkbox"/> Depression
<input type="checkbox"/> Personality Disorder	<input type="checkbox"/> Developmental Disorder	
<input type="checkbox"/> Other disorder(s) <i>(specify)</i> _____		

12. (a) Lives with: *(check all that apply)*

<input type="checkbox"/> Spouse/Partner	<input type="checkbox"/> Parent(s)	<input type="checkbox"/> Child(ren)	<input type="checkbox"/> Other family
<input type="checkbox"/> Non-family person(s)	<input type="checkbox"/> Self	<input type="checkbox"/> Don't know	

(b) Housing type: *(check only one)*

<input type="checkbox"/> Private house/condo	<input type="checkbox"/> Market Rental Unit (apartment, flat or house)	<input type="checkbox"/> Subsidized rental unit	<input type="checkbox"/> Room and board
<input type="checkbox"/> Homes for Special Care	<input type="checkbox"/> Approved Home	<input type="checkbox"/> Retirement/Seniors Home	<input type="checkbox"/> Hostel/Shelter
<input type="checkbox"/> Correctional/Probation facility	<input type="checkbox"/> Other institutional facility with no fixed address	<input type="checkbox"/> Homeless/On street	<input type="checkbox"/> Don't know
<input type="checkbox"/> Other housing <i>(specify)</i> _____			

Print name of person completing this form	Date	Telephone no. (    )
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*Please detach this Notice and give to the patient or Substitute Decision-Maker who provided consent on the CTO.*



**NOTICE OF DATA COLLECTION BY THE MINISTRY OF HEALTH AND LONG-TERM CARE**

The amended Mental Health Act (Bill 68) requires that the Minister of Health and Long-Term Care establish a process to review community treatment orders (CTOs). The Ministry of Health and Long-Term Care has been given authority by the Information and Privacy Commissioner/Ontario to collect patient information indirectly from physicians who issue, renew or re-issue CTOs. The information collected will be anonymous and will be used for the sole purpose of establishing and conducting reviews of community treatment orders as set out in section 33.9 of Bill 68.

If you have any questions or concerns about the collection of this information, or require further information, please contact Manager, Monitoring, Standards and Evaluation, Operational Support Branch, Ministry of Health and Long-Term Care, 5700 Yonge St., Mezzanine Level, Toronto ON M2M 4K5, Telephone: (416) 327-7350.

**Instructions:**

1. The CTO Information Record was developed to facilitate the requirement in Bill 68 which states that CTOs must be reviewed.
2. It is the physician's responsibility to complete the CTO Information Record at the time of issuing, renewing, or re-issuing a CTO, for all CTOs issued, renewed, or re-issued.
3. The "Data Definitions and Guidelines for Completing CTO Information Record" are available as a reference. Please refer to these to assist with completing the form.
4. The CTO Information Record is most easily completed at the time of issuing, renewing, or re-issuing the CTO and completing the Form 45.
5. The completed CTO Information Record should be submitted to Administrative Assistant, CTO Information Project, Finance and Information Management Branch, Ministry of Health and Long-Term Care, 5700 Yonge St. 4th floor, Toronto ON M2M 4K5.
6. If you have questions or require further information regarding the CTO Information Record, please contact Administrative Assistant, CTO Information Project, Finance and Information Management Branch, Ministry of Health and Long-Term Care, 5700 Yonge St. 4th floor, Toronto ON M2M 4K5. Tel: (416) 327-9184.

**Data Definitions and Guidelines for Completing CTO Information Record**

Item # and Data Element	Data Definition	Valid Options	Rationale for Collecting Data
1. Date of birth	Date of birth of the person getting the CTO	Date format (yyyy/mm/dd)	To provide demographic information for monitoring CTO utilization by age
First and last initials	First name and last name initials of the person getting the CTO		To create a unique identifier (along with Date of Birth) to link records for persons receiving multiple CTOs for monitoring CTO utilization and outcomes
2. Date of issue	Date when the CTO was issued by the physician	Date format (yyyy/mm/dd)	To monitor CTO utilization at any given time and duration of time people are under CTOs when CTOs are renewed or re-issued
Issuing physician name and work address	Name of physician who is issuing the CTO, name and address of organization/agency where the physician is working. Address provided should be the address where the patient's health record is kept.		To provide CTO utilization information for different regions, communities, etc.
3. Service where patient is issued the CTO	Service affiliation of patient and physician at the time CTO is issued	As listed on form. Only one should be checked off. If 'Other' is checked, the type of service should be specified.	To provide CTO utilization information around types of service where CTOs originate
4. Consent provided by	Who provided consent for the CTO?	1. Patient or 2. Substitute Decision-Maker	To monitor provision of consent
5. CTO	Whether the current CTO is the first one to be issued for this patient, a renewal or a re-issue. A renewal is a continuance of a previous CTO. A Re-issue is a CTO that is not the first for the patient, yet is being issued after some time (>1 month) has lapsed without a CTO	1. 1 <sup>st</sup> Issue 2. Renewal 3. Re-Issue	To monitor CTO utilization and duration of time people are under CTOs
Total number of CTOs patient has had	Total number including current one	Answer should reflect what is known to the best knowledge of the physician	To monitor CTO utilization and duration of time people are under CTOs
6. Sex	Sex of the patient	1. Male 2. Female	To provide demographic information for monitoring CTO utilization by sex
7. No. of psychiatric hospitalizations in past 6 months	Total number admissions to an inpatient psychiatric service that the patient has had in the six months prior to the date of issuing the current CTO.	Record no. of psychiatric hospitalizations in past 6 months	To obtain a baseline measure of psychiatric hospitalizations in the six months prior to CTO and during CTO(s)
8. Service Involvement during previous 6 months	Services patient had received during previous 6 months from date of issue of current CTO	Check all that apply on list provided on form. Specify other service(s). If information not known, check 'Don't know' option	To obtain a baseline measure of service involvement six months prior to CTO and during CTO(s)
9. Services to be involved in current CTO	Services to be involved in the treatment plan in the current CTO	Check all that apply on list provided on form. Specify other service(s)	To monitor range of services involved in CTO treatment plans
10. Legal system involvement	Patient's involvement with legal system during previous 6 months	Check all that apply on list provided on form. If information not known, check 'Don't know' option	To obtain a baseline measure of legal system involvement six months prior to CTO and during CTO(s)
11. Psychiatric diagnoses	Patient's diagnostic categories of mental disorder, as diagnosed by a recognized health professional	Check all that apply from list provided on form. Specify other disorder(s)	To obtain clinical descriptive information about clients/patients who are under CTOs
12. (a) Lives with  (b) Housing type	Who, if anyone, the patient usually lives with  The <i>usual</i> housing type of the patient	Check all that apply from list provided on form  Check <i>one</i> from list provided on form.	To provide demographic information for monitoring CTO utilization by living situation
Name, date, telephone no. of person completing form	Contact information of person completing form. This is usually the physician, but could be a delegate		To have contact information in the event questions arise about the information provided on the form.