



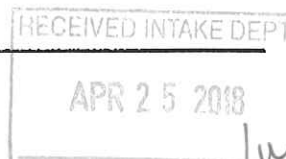
Ministry  
of  
Health

Form 24  
Mental Health Act

**Notice of Continuance of Certificate of  
Incapacity to Manage One's Property  
under Subsection 57(2) of the Act**

Please PRINT clearly.

Re: Gloria SIAPNO  
(print full name of patient)  
of 1703-510 CURRAN Place, MISSISSAUGA  
(home address)  
Date of Birth Nov. 7/47 (date of birth) Date of Admission April 7/18 (date of admission)  
I, DR. Ariel Shafro (print name of physician)  
of Mississauga Hospital TAP (name of psychiatric facility)



state that:

1. I personally examined the above-named person who is an in-patient at the psychiatric facility on

25/01/2018  
(day / month / year)

2. I personally observed the following facts indicating incapacity to manage property:  
(please be specific to incapacity to manage property)

Patient has some delusional beliefs re: managing finances

3. The following facts, if any, indicating incapacity to manage property were communicated to me by others:

Patient has previously reported to community health workers financial difficulties with regards to financial management

4. I am of the opinion that the above-named patient will not, upon discharge, be capable to manage his/her property.

25/01/18 (day / month / year) [Signature] (signature of physician)

**Note:**

1. The physician shall promptly advise the patient of the notice of continuance by giving the patient a Form 33 and shall notify a right adviser.
2. To the attending physician: failure to complete this form within 21 days before the discharge of the patient may result in termination of statutory guardianship.
3. The Officer in Charge shall forward the original or a PDF version of the original notice of continuance to the Public Guardian and Trustee (email address: JUS-G-FJS-PGT-Intake@ontario.ca).