

This is a legal document. It must be present with the patient at the time of involuntary observation, admission or transport. Writers may be subpoenaed as a result of their testimony.

APPLICATION FOR EMERGENCY ADMISSION

In Accordance with Sections 5122.01 and 5122.10 ORC

Chief Clinical Officer of _____ (Behavioral Healthcare Organization - BHO/Facility Name) _____ (Date)

undersigned has reason to believe that:

_____ (Name of Person to be Admitted)

circle or endorse in some way, support both below

written full name, not just a sticker

must be dated at time of writing

patient must be mentally ill, show objective support

1. Is a mentally ill person subject to hospitalization by court order under division B of Section 5122.01 of the Revised Code, i.e., this person

(1) Represents a substantial risk of physical harm to self as manifested by evidence of threats of, or attempts at, suicide or serious self-inflicted bodily harm **if checked, support below**

(2) Represents a substantial risk of physical harm to others as manifested by evidence of recent homicidal or other violent behavior, evidence of recent threats that place another in reasonable fear of violent behavior or serious physical harm, or other evidence of present dangerousness; **if checked, support below**

check all that apply, minimum of one.

(3) Represents a substantial and immediate risk of serious physical impairment or injury to self as manifested by the person is unable to provide for and is not providing for the person's basic physical needs because of the person's mental illness and that appropriate provision for those needs cannot be made immediately available in the community; or **if checked, support below**

(4) Would benefit from treatment in a hospital for his mental illness and is in need of such treatment as manifested by the person's flight from treatment or other behavior that poses a substantial risk to substantial rights of others or himself. **if checked, support below**

2. Represents a substantial risk of physical harm to self or others if allowed to remain at liberty pending examination.

Therefore, it is requested that said person be admitted to the above named facility.

note the facility receiving patient for observation/admission must be in the top line

STATEMENT OF BELIEF

Must be filled out by one of the following: a police officer, sheriff or deputy sheriff. **Note nurses, social workers, and physician's assistants may not fill out this form unless they are health officers in Summit County.**

(Statement shall include the circumstances under which the individual was taken into custody and the reason for the person's belief that hospitalization is necessary. The statement shall also include a reference to efforts made to secure the individual's property at his residence if he was taken into custody there. Every reasonable and appropriate effort should be made to take this person into custody in the least conspicuous manner possible.)

Written statement must include the following (ORC 5122.10 In 14):
1) circumstances under which patient was taken into custody
2) assertion of mental illness and objective support noted by writer
3) assertion of one of four criteria and objective support noted by writer (#1)
4) assertion of need for immediate deprivation of liberty due to imminent risks (#2), again with objective support noted by writer

APPLICATION FOR EMERGENCY ADMISSION

In Accordance with Section 5122.10 ORC

Name of Person to be Admitted

patient's name should appear on BOTH sides of pink slip

STATEMENT OF BELIEF (continued)

Writer has a duty to (ORC 5122.10 In 22):

- 1) give patient a copy of this document if requested by patient or attorney
- 2) explain name, title, agency affiliation of person authorizing involuntary custody (writer)
- 3) explain that it is not a criminal arrest
- 4) explain that person is being taken for examination, and name of that facility

Do not write "medically cleared" anywhere on this pink slip

Signature

Title/Position/Badge or License No.

Place of Employment

must clearly and legibly write and sign full name, title, and license number.

must designate agency of affiliation

STATEMENT OF OBSERVATION BY PSYCHIATRIST, LICENSED PHYSICIAN, OR LICENSED CLINICAL PSYCHOLOGIST, IF APPLICABLE

Place of Observation (e.g., community mental health center, general hospital, office, emergency facility)

NOTE: this section is only to be filled out by unit which has received patient for the second evaluation/period of observation: this may be a general hospital unit (23 hours or less), a psychiatric emergency room (23 hours or less), a psychiatry inpatient unit, or a general emergency room (23 hours or less).

In this section, objective findings supporting disposition of patient should be documented as above. If patient falls **below threshold** for involuntary hospitalization during observation, the patient **should be discharged immediately** (ORC 5122.10 In 36). If it becomes clear that **patient will require admission** to psychiatric facility:

1) The initial receiving facility is written in the top line of the form. If the patient is only on observational status at this facility, and is then transferred to another place for admission, the committee has at this time recommended not adding this second facility to the top line. For now, until modifications are made to the original form, only the initial receiving facility should be on the top line of the form. The second receiving facility should be written in this paragraph, at the end.

2) patient has a right to be offered voluntary admission status by the receiving facility (ORC 5122.10 In 42), if they are deemed capable of making medical decisions (Zinermon v. Burch, 494 US 113 (1990)).

Signature

NOTE: this is the second writer, after the second observational period

Approved

Yes No

Date