

APPLICATION FOR EMERGENCY ADMISSION

IN ACCORDANCE WITH ORC § 5122.01 and 5122.10

TO: The Chief Clinical Officer of: _____

Facility Name

Date/Time

The undersigned has reason to believe that _____

Name of Person to be Admitted

1. is a mentally ill person subject to hospitalization by court order under division B Section 5122.01 of the Revised Code: i.e., because of a mental illness, 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.

_____ (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 and serious physical harm, or other evidence of present dangerousness.

_____ (3) Represents a substantial and immediate risk of serious physical impairment or injury to self as manifested by evidence that 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 such needs cannot be made immediately available in the community; or

_____ (4) Would benefit from treatment in a hospital for his/her mental illness and is in need of such treatment as manifested by evidence of behavior that creates a grave and imminent risk to substantial rights of others or him/herself.

2. Represents a substantial risk of physical harm to self or others if allowed to be at liberty pending examination. Therefore, it is requested that said person be admitted to the above-named facility.

FAMILY NOTIFICATION

IN ACCORDANCE WITH ORC § 5122.18

___ Family aware of hospitalization when patient taken into custody.

___ Family notification () attempted or () completed on Date _____ to

Name of Next of Kin _____ Date _____ Time _____ AM/PM

Name of Next of Kin _____ Date _____ Time _____ AM/PM

Signature _____ Date _____ Time _____ AM/PM

Print Name _____

STATEMENT OF BELIEF

Must be filled out by one of the following: a psychiatrist, licensed physician, licensed clinical psychologist, clinical nurse specialist who is certified as a psychiatric mental health CNS by the American Nurses Credentialing Center, certified nurse practitioner who is certified as a psychiatric mental health NP by the American Nurses Credentialing Center, health officer, parole officer, police officer, or sheriff.

(continued on reverse side)

