

**ADULT
MENTAL HEALTH CRISIS PACKET**

I. APPLICATION FOR EMERGENCY ADMISSION OF A PERSON IN A MENTAL HEALTH CRISIS TO A MENTAL HEALTH FACILITY OR HOSPITAL (NEVADA REVISED STATUTES 433A.160)

CRITERIA FOR MENTAL HEALTH CRISIS, NRS 433A.115: As used in NRS 433A.120 to 433A.330, inclusive, unless the context otherwise requires, a "person in a mental health crisis" means any person 1) who has a mental illness; and 2) whose capacity to exercise self-control, judgment and discretion in the conduct of a person's affairs and social relations or to care for his or her personal needs is diminished, as a result of the mental illness, to the extent that the person presents a substantial likelihood of serious harm to himself or herself or others, but **DOES NOT INCLUDE** any person in whom that capacity is diminished by epilepsy, intellectual disability, dementia, delirium, brief periods of intoxication caused by alcohol or drugs or dependence upon or addiction to alcohol or drugs **unless a mental illness that can be diagnosed is also present which contributes to the diminished capacity of the person.**

I have reason to believe that _____ is a person in a mental health crisis for the following reasons:

A person shall be deemed to present a substantial likelihood of serious harm to himself or herself or others if, without care or treatment, the person is at serious risk of: **(Check all that apply)**

- Attempting Suicide
- Attempting Homicide
- Causing bodily injury to himself or herself or others, including without limitation, death, unconsciousness, extreme physical pain, protracted and obvious disfigurement or a protracted loss or impairment of a body part, organ or mental functioning
- Incurring a serious injury, illness or death resulting from complete neglect of basic needs for food, clothing, shelter or personal safety

Describe in detail the behaviors and circumstances you observed in the person leading you to believe (s)he is in a mental health crisis. Do not give diagnoses to describe behaviors.

I am currently: an officer authorized to make arrests in the state of Nevada, or:

I am currently licensed in the state of Nevada as a: Physician Physician assistant Psychologist

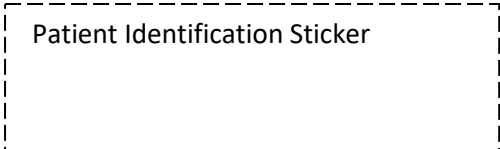
Marriage and family therapist Clinical professional counselor Social worker Registered nurse

Name of person completing application: _____

Current Nevada license or badge number: _____

Professional Affiliation: _____

Signature: _____ **Date:** _____ **Time:** _____



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II. MEDICAL EXAMINATION (NRS 433A.165)

EXAMINATION REQUIRED BEFORE PERSON MAY BE ADMITTED TO A MENTAL HEALTH FACILITY (NRS 433A.165)

Before a person may be admitted to a public or private mental health facility pursuant to NRS 433A.160, (s)hemust: 1) First be examined by a licensed physician, physician assistant or advanced practice registered nurse at a location where a practitioner is authorized to conduct such an examination to determine whether (s)he has medical conditions, other than a psychiatric condition which require immediate treatment, and 2) If such treatment is required, be admitted to a hospital for the appropriate medical care.

MEDICAL EXAMINATION:

On the basis of my personal examination of this person alleged to be in mental health crisis it is my opinion that:

Patient has a medical condition/disease requiring hospitalization for more than 72 hours; patient admitted or transferred to:

This person has no medical condition or disease other than a psychiatric condition that requires hospitalization for treatment.

Name of examiner: _____ **Current Nevada License#:** _____

Signature: _____ **Date:** _____ **Time:** _____

III. CERTIFICATE FOR EMERGENCY ADMISSION TO A MENTAL HEALTH FACILITY OR HOSPITAL (NRS 433A.170)

CERTIFICATE OF CERTAIN PROVIDERS OF HEALTH CARE REQUIRED. No public or private mental health facility or hospital shall accept an application for an emergency admission under NRS 433A.160 unless that application is accompanied by a certificate.

I have personally observed and examined this person within the last 72 hours and have concluded that:

- A. This person is a person in a mental health crisis per NRS 433A.115
- B. This person is **NOT** in a mental health crisis per NRS 433A.115

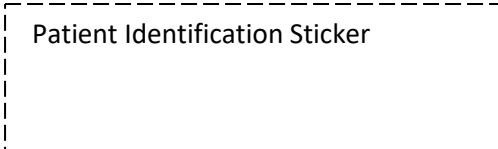
My opinions and conclusions are based on the following facts and reasons:

Describe in detail the behaviors you observed in the person leading you to believe (s)he is in a mental health crisis as described in NRS 433A.115. Do not give diagnoses to describe behaviors.

- Psychologist Physician Physician Assistant (supervising psychiatrist): _____
- CSW with psychiatric training APRN with psychiatric training

Name of examiner: _____ **Current Nevada License#:** _____

Signature: _____ **Date:** _____ **Time:** _____



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**IV. CERTIFICATE OF RELEASE OF PERSON ADMITTED TO MENTAL
HEALTH FACILITY OR HOSPITAL (NRS 433A.195)**

PROCEDURE FOR RELEASE: A licensed physician on the medical staff of a facility operated by the Division or of any other public or private mental health facility or hospital may release a person admitted pursuant to [NRS 433A.160](#) upon completion of a certificate.

I have personally observed and examined this person and have concluded that (s)he is not in a mental health crisis pursuant to NRS 433A.115. **Describe in detail the behaviors you observed in the person leading you to this conclusion. Do not give diagnoses to describe behaviors.**

- Psychiatrist Psychologist Physician Assistant (supervising psychiatrist): _____
 Physician CSW with psychiatric training APRN with psychiatric training

Name of examiner: _____ Current Nevada License#: _____

Signature: _____ Date: _____ Time: _____

Once this section is completed, the person is no longer certified to be eligible for an Emergency Admission pursuant to NRS 433A.195.

Patient Identification Sticker

Revised 12/19/19
This form is intended to be printed and filled out,
not filled out electronically.