

**APPLICATION, CERTIFICATION AND MEDICAL CLEARANCE  
FOR EMERGENCY ADMISSION OF AN ALLEGEDLY MENTALLY ILL PERSON  
TO A MENTAL HEALTH FACILITY**

Definition of Mental Illness, NRS.433A.115:

As used in NRS 433A.120 to 433A.330, inclusive, unless the context otherwise requires, "mentally ill person" means any person whose capacity to exercise self-control, judgment and discretion in the conduct of his/her affairs and social relations or to care for personal needs is diminished as a result of mental illness to the extent that (s)he presents a clear and present danger of harm to self or others, but does not include any person in whom that capacity is diminished by epilepsy, mental retardation, 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 mentally ill person as follows:

A person presents a clear and present danger of harm to self or others, if, within the preceding 30 days, (s)he has, as a result of mental illness (Check all that apply):

- (a) Acted in a manner from which it may reasonably be inferred that, without the care, supervision or continued assistance of others, (s)he will be unable to satisfy the need for nourishment, personal or medical care, shelter, self-protection or safety due to mental illness, and if there exists a reasonable probability that death, serious bodily injury or physical debilitation will occur within the next 30 days unless admitted to a mental health facility pursuant to the provisions of NRS. 433A.120 to 433A.330 inclusive and adequate treatment is provided.
- (b) Attempted or threatened to commit suicide or committed acts in furtherance of a threat to commit suicide and if there exists a reasonable probability that (s)he will commit suicide unless (s)he is admitted to a mental health facility pursuant to the provisions of NRS 433A.120 to 433A.330 inclusive, and adequate treatment is provided; or
- (c) Mutilated self, attempted or threatened to mutilate self or committed acts in furtherance of a threat to mutilate self and, if there exists a reasonable probability that (s)he will mutilate self unless (s)he is admitted to a mental health facility pursuant to the provisions of NRS 433A.120 to 433A.330, inclusive, and adequate treatment is provided.
- (d) Inflicted or attempted to inflict serious bodily harm on any other person, or made threats to inflict harm and committed acts in furtherance of those threats, and if there exists a reasonable probability that (s)he will do so again unless (s)he is admitted to a mental health facility pursuant to the provisions of NRS 433A.120 to 433A.330, inclusive and adequate treatment is provided.

**Describe in detail the behaviors you observed in the person leading you to believe (s)he is mentally ill and a danger to self or others. (Do not give diagnosis to describe behaviors).**

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I am currently licensed in the state of Nevada as a  physician,  psychologist,  social worker,  registered nurse,  clinical professional counselor,  accredited agent of the Department of Health and Human Services,  an officer authorized to make arrests in the state of Nevada,  marriage and family therapist, or,  physician assistant

Current Nevada license number (if applicable): \_\_\_\_\_ Badge number (if applicable): \_\_\_\_\_

Person completing application signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**433A.165 EMERGENCY ADMISSION: EXAMINATION REQUIRED BEFORE PERSON MAY BE ADMITTED TO A MENTAL HEALTH FACILITY.**

1. Before an allegedly mentally ill person may be admitted to a public or private mental health facility pursuant to NRS 433A. 160, (s)he must:

- a. First be examined by a licensed physician, physician assistant or advanced practitioner of nursing at a location where a practitioner is authorized to conduct such an examination to determine whether (s)he has medical problems, other than a psychiatric problem which require immediate treatment, and
- b. If such treatment is required, be admitted to a hospital for the appropriate medical care.

**MEDICAL CLEARANCE: MUST BE COMPLETED IN ITS ENTIRETY AND A COPY OF THE EXAMINATION REPORT ATTACHED.**

On the basis of my personal examination of this allegedly mentally ill person on \_\_\_\_\_ day at \_\_\_\_\_ o'clock, am/pm, this person has no medical disorder or disease other than a psychiatric problem that requires hospitalization for treatment.

Name of examining medical professional: \_\_\_\_\_ Current Nevada License #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**CERTIFICATION: Describe in detail the behaviors you observed in the person leading you to believe (s)he is mentally ill and a danger to self or others as described in NRS 433A.115.**

I have personally observed and examined this allegedly mentally ill person and have concluded that, as a result of mental illness, this person is likely to harm self or others. My opinions and conclusions are based on the following facts and reasons (Do not give diagnosis to describe behaviors):

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Psychiatrist  Psychologist  Physician Assistant (supervising psychiatrist): \_\_\_\_\_

Physician  CSW with psychiatric training  APRN with psychiatric training \_\_\_\_\_

Name of examiner: \_\_\_\_\_  
Signature Current License if Applicable Date Time

\_\_\_\_\_  
Print Name

**DE-CERTIFICATION: Describe in detail the behaviors you observed in the person leading you to believe (s)he is mentally ill and a danger to self or others as described in NRS 433A.115.**

I have personally observed and examined this allegedly mentally ill person and have concluded that (s)he is not or no longer a danger to self or others as a result of mental illness.

I have personally observed and examined this allegedly mentally ill person and have concluded that this person does NOT meet criteria to be certified pursuant to NRS 433A.115 and NRS 433A.170.

My opinions and conclusions are based on the following facts and reasons (do not give diagnosis to describe behavior):

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Psychiatrist  Psychologist  Physician Assistant (supervising psychiatrist): \_\_\_\_\_

Physician  CSW with psychiatric training  APRN with psychiatric training \_\_\_\_\_

Name of examiner: \_\_\_\_\_  
Signature Current License if Applicable Date Time

\_\_\_\_\_  
Print Name