

APPLICATION, MEDICAL CLEARANCE, AND CERTIFICATION FOR EMERGENCY ADMISSION OF A PERSON IN A MENTAL HEALTH CRISIS TO A MENTAL HEALTH FACILITY

Definition of Mental Health
Crisis, NRS. 433.115:

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.

I have reason to believe that _____ is a person in a mental health crisis as follows:

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

- Attempting suicide or homicide; or
- 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; or
- Incurring a serious injury, illness or death resulting from complete neglect of basic needs for food, clothing, shelter or person safety.

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).

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, advanced practice registered nurse with psychiatric training, or registered nurse.

Current Nevada license number (if applicable) _____ Badge number (if applicable): _____

Person completing application signature: _____ Date: _____ Time: _____

Patient ID sticker:



EXAMINATION (MEDICAL CLEARANCE)

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

1. Before a 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 conditions, other than a psychiatric condition which require immediate treatment, and
 - b. If such treatment is required, be admitted to a hospital for the appropriate medical care.

MEDICAL CLEARANCE CHECKLIST: MUST BE COMPLETED IN ITS ENTIRETY AND ATTACHED:

Patient has a medical condition/disease requiring hospitalization; patient admitted or transferred to: _____
Name of examining medical professional: _____ Current Nevada License#: _____

Signature: _____ Date: _____ Time: _____

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 condition or disease other than a psychiatric condition that requires hospitalization for treatment.

Name of examining medical professional: _____ Current Nevada License#: _____

Signature: _____ Date: _____ Time: _____

CERTIFICATE FOR EMERGENCY ADMISSION TO A MENTAL HEALTH FACILITY

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.

- A. I have personally observed and examined this person and have concluded that, as a result of mental illness, this person is likely to harm self or others.
- B. I have personally observed and examined this person and have concluded that this person does **NOT** meet criteria to be certified.

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

Psychologist Physician Physician Assistant (supervising psychiatrist): _____

CSW with psychiatric training APRN with psychiatric training _____

Name of examiner: _____ Signature: _____

Current License # _____ Date _____ Time _____

At this time, having checked check box A above, the person is certified to be eligible for an Emergency Admission to a Mental Health Facility pursuant to NRS433A.150.

Patient ID sticker:

CERTIFICATE OF RELEASE OF PERSON ADMITTED TO MENTAL HEALTH FACILITY OR HOSPITAL

I have personally observed and examined this person and have concluded that (s)he is not or is no longer a danger to self or others as a result of mental illness pursuant to NRS433A.195. **Describe in detail the behaviors you observed in the person leading you to this conclusion:**

Psychiatrist Psychologist Physician Assistant (supervising psychiatrist):

Physician CSW with psychiatric training APRN with psychiatric training

Name of examiner: _____
Name Current License Date Time

Signature _____

At this time, the person is no longer certified to be eligible for an Emergency Admission pursuant to NRS433A.195.

Patient ID sticker: