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 se illness (Check all that apply):	elf or others, if, within the preceding 30 days, (s)he has, as a result of menta
others, (s)he will be unable to satisfy the need for nourishmental illness, and if there exists a reasonable probability the	be inferred that, without the care, supervision or continued assistance of ent, personal or medical care, shelter, self-protection or safety due to hat death, serious bodily injury or physical debilitation will occur within pursuant to the provisions of NRS. 433A.120 to 433A.330 inclusive and
	mmitted acts in furtherance of a threat to commit suicide and if there unless (s)he is admitted to a mental health facility pursuant to the quate treatment is provided; or
	te self or committed acts in furtherance of a threat to mutilate self and, if elf unless (s)he is admitted to a mental health facility pursuant to the equate treatment is provided.
acts in furtherance of those threats, and if there exists a rea	m on any other person, or made threats to inflict harm and committed asonable probability that (s)he will do so again unless (s)he is admitted to 33A.120 to 433A.330, inclusive and adequate treatment is provided.
Describe in detail the behaviors you observed in the per or others. (Do not give diagnosis to describe behaviors)	rson leading you to believe (s)he is mentally ill and a danger to self).
	ysician, □psychologist, □social worker, □ registered nurse, □clinical ent of Human Resources, □ an officer authorized to make arrests in the hysician assistant
Current Nevada license number (if applicable):	Badge number (if applicable):
Person completing application signature:	Date: Time:
433A.165 EMERGENCY ADMISSION: EXAMINATION REQU FACILITY.	JIRED BEFORE PERSON MAY BE ADMITTED TO A MENTAL HEALTH
(s)he must: a. First be examined by a licensed physician, physician,	
□□On the basis of my personal examination of this allegedly	TIRETY AND A COPY OF THE EXAMINATION REPORT ATTACHED. mentally ill person onday at ase other than a psychiatric problem that requires hospitalization for
Name of examining medical professional:	Current Nevada License #:

Signature: _____ Date: ____ Time: ____

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, as a result of mental illness, this							
person is likely to ha	arm self or others.						
□ 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):							
☐ Psychiatrist ☐ P	sychologist □Physio	cian Assistant (supervising	psychiatrist):				
□ Physician □SW	with psychiatric train	ing 🛭 APRN with psychia	tric training				
Name of examiner:							
ramo or oxammor.	Signature	Current License	e if Applicable	Date	Time		
_	Print Name						
		ned this allegedly mentally ental illness. Describe in d			he is not or is no longer a sperson leading you to this		
☐ Psychiatrist ☐ P	sychologist Physic	cian Assistant (supervising	ງ psychiatrist):				
□ Physician □SW	with psychiatric trair	ing 🛭 APRN with psychia	tric training				
Name of examiner:							
	Signature	Current License i	Applicable	Date	Time		

Print Name