

MENTAL HEALTH CRISIS PACKET (ADULTS)

I. APPLICATION FOR EMERGENCY ADMISSION OF A PERSON IN A MENTAL HEALTH CRISIS TO A MENTAL HEALTH FACILITY OR HOSPITAL (NRS 443A.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

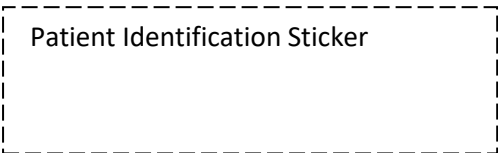
Marriage and family therapist Clinical professional counselor Social worker Registered nurse

Name of person completing application: _____

Current Nevada license or badge number: _____

Professional Affiliation: _____

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



MENTAL HEALTH CRISIS PACKET (ADULTS)

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:** _____

Patient Identification Sticker

MENTAL HEALTH CRISIS PACKET (ADULTS)

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

MENTAL HEALTH CRISIS PACKET (MINOR)

I. APPLICATION FOR EMERGENCY ADMISSION OF A MINOR IN A MENTAL HEALTH CRISIS TO A MENTAL HEALTH FACILITY OR HOSPITAL (NRS 443A.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.

A. EMERGENCY ADMISSION OF MINORS: In accordance with NRS 433A.150, a person alleged to be a person with mental illness may, upon application pursuant to NRS 433A.160 and subject to the provisions of subsection 2, be detained in a public or private mental health facility or hospital under an emergency admission for evaluation, observation and treatment, regardless of whether any parent or legal guardian of the person has consented to the admission.

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

A minor 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 minor leading you to believe (s)he is in a mental health crisis. Do not give diagnoses to describe behaviors.

Please continue to next page

Patient Identification Sticker

MENTAL HEALTH CRISIS PACKET (MINOR)

B. REQUIREMENT TO ATTEMPT TO OBTAIN CONSENT OF PARENT OR GUARDIAN AT APPLICATION OF EMERGENCY ADMISSION

Pursuant to NRS 433A.160, to the extent practicable, a person who applies for the emergency admission of a person who is less than 18 years of age to a public or private mental health facility or hospital, other than a parent or guardian, shall attempt to obtain the consent of the parent or guardian before making the application.

Parent or guardian contacted: _____

Method of contact (include phone number): _____

Result: _____

Date _____ Time: _____

C. PERSON APPLYING FOR EMERGENCY ADMISSION OF THE MINOR

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 (if applicable): _____

Professional Affiliation: _____

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

Patient Identification Sticker

MENTAL HEALTH CRISIS PACKET (MINOR)

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 reason to believe as follows:

A. This person is deemed to be in a mental health crisis in accordance with NRS 433A.115

B. This person is **NOT** deemed to be in a mental health crisis in accordance with NRS 433A.115

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

Patient Identification Sticker

MENTAL HEALTH CRISIS PACKET (MINOR)

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 NRS433A.195

V. PROCEDURE FOR COURT ORDERED PETITION

This emergency admission will expire 72 hours after an application is made for emergency admission. In order to continue the detainment of the person in mental health crisis, a petition to the district court of residence must be made.

- A. **Petition process with parental consent** Pursuant to NRS 433A.200, except as otherwise provided in NRS 432B.6075, if the person to be treated is a minor and the petitioner is a person other than a parent or guardian of the minor, a petition submitted pursuant to subsection 1 must, in addition to the certificate or statement required by that subsection, include a statement signed by a parent or guardian of the minor that the parent or guardian does not object to the filing of the petition.

Parent/ Guardian signature _____ Date: _____ Time: _____

- B. **Petition process without parental consent** Pursuant to NRS 432B.6075, a proceeding for a court-ordered admission of a child alleged to be a child with an emotional disturbance who is in the custody of an agency which provides child welfare services to a facility may be commenced by the filing of a petition with the clerk of the court which has jurisdiction in proceedings concerning the child. The petition may be filed by the agency which provides child welfare services without the consent of a parent of the child.

Name of child welfare services agency receiving report: _____

Name of person receiving report: _____ Date: _____ Time: _____

Name of person providing report: _____

Professional Affiliation: _____

Signature: _____ Date: _____ Time: _____

