

**MENTAL HEALTH CRISIS PACKET (ADULTS)**

**I. APPLICATION FOR A MENTAL HEALTH CRISIS HOLD (NRS 433A.160)**

**CRITERIA FOR MENTAL HEALTH CRISIS, NRS 433A.0175:** 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. It **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.

Complete only section A or section B.

**Section A.**

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 a diagnosis to describe behaviors.**

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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: \_\_\_\_\_

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

**Section B.**

This section is to be completed only when the mental health crisis hold is placed pursuant to an order issued by the district court. Court order must be attached when completing this section.

Name of peace officer placing mental health crisis hold: \_\_\_\_\_

Current Nevada license or badge number, if applicable: \_\_\_\_\_

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

Patient Identification Sticker

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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 or hospital under an emergency admission, (s)he must: (1) 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 (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 a mental health crisis, it is my opinion that:

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

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

I am currently licensed in the State of Nevada as a:  Physician  Physician assistant  Advanced Practice Registered Nurse

Name of medical examiner: \_\_\_\_\_ Current Nevada License#: \_\_\_\_\_

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

**III. CERTIFICATE FOR EMERGENCY ADMISSION TO A MENTAL HEALTH FACILITY OR HOSPITAL (NRS433A.170)**

**CERTIFICATE OF CERTAIN PROVIDERS OF HEALTH CARE REQUIRED.** No public or private mental health facility or hospital shall accept a person for an emergency admission unless this certificate required by NRS 433A.170 has been completed.

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.0175

B. This person is **NOT** in a mental health crisis per NRS 433A.0175

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.0175. Do not give a diagnosis to describe behaviors.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Psychologist  Physician  Physician Assistant (supervised by a psychiatrist): \_\_\_\_\_

CSW with psychiatric training  APRN with psychiatric training

Name of medical examiner: \_\_\_\_\_ Current Nevada License#: \_\_\_\_\_

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

Patient Identification Sticker

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**IV. CERTIFICATE OF RELEASE OF PERSON PLACED ON A MENTAL HEALTH CRISIS HOLD**

**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 from a mental health crisis hold upon completion of a certificate pursuant to NRS 433a.195.

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.0175. **Describe in detail the behaviors you observed in the person leading you to this conclusion. Do not give diagnosis to describe behaviors.**

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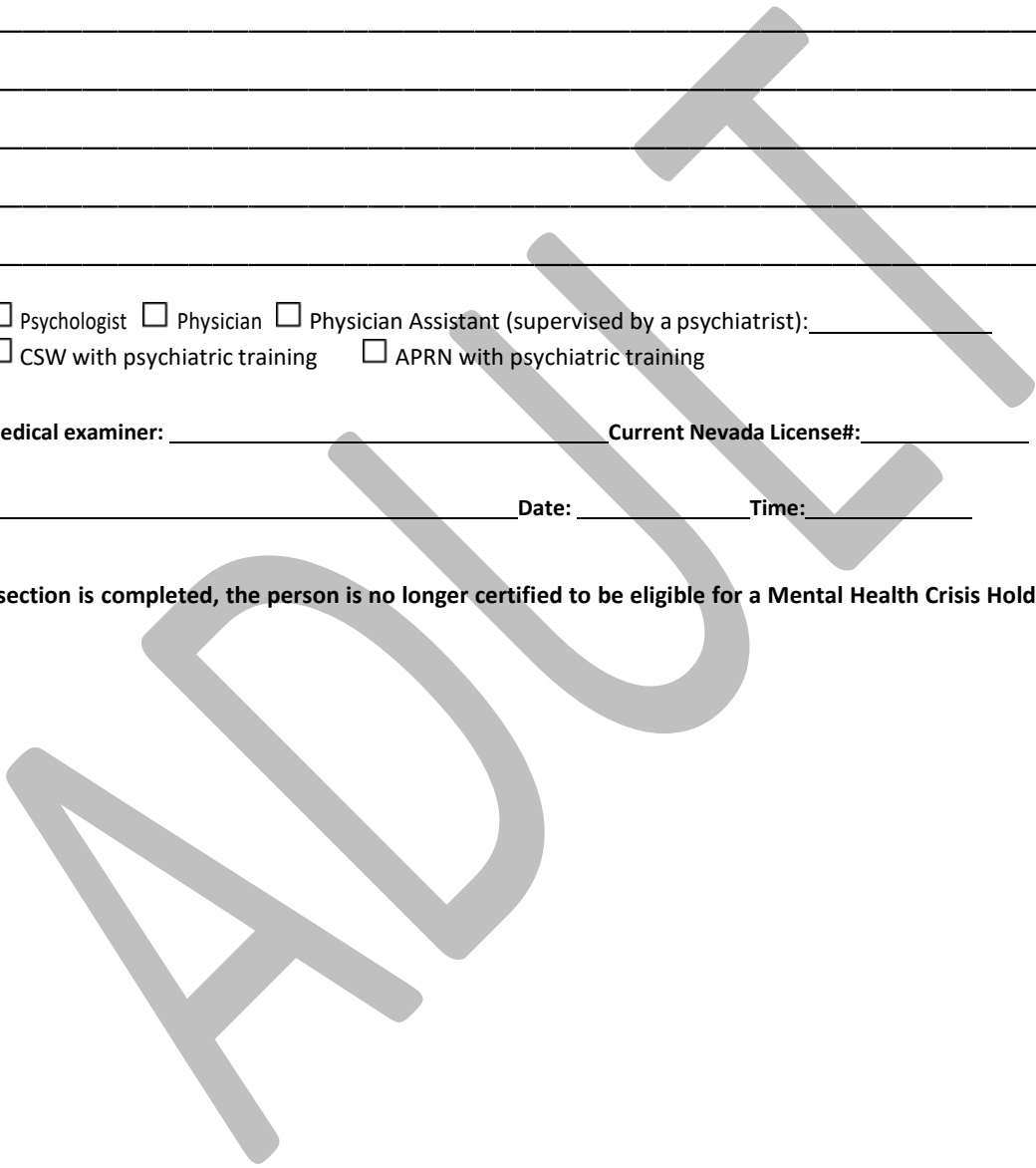
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- Psychologist    Physician    Physician Assistant (supervised by a psychiatrist): \_\_\_\_\_
- CSW with psychiatric training    APRN with psychiatric training

Name of medical examiner: \_\_\_\_\_ Current Nevada License#: \_\_\_\_\_

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

**Once this section is completed, the person is no longer certified to be eligible for a Mental Health Crisis Hold pursuant to NRS 433A.195.**



Patient Identification Sticker