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, Alzheimer's disease, 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 re follows.	re reason to believe that	mentally ill person as	
A persor illness	rson presents a clear and present danger of harm to self, if, within the preceding 30 days, (s)he has, (Check all that apply):	as a result of mental	
(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 or othe	ribe in detail the behaviors you observed in the person leading you to believe (s)he is mentally others. (Do not give diagnosis to describe behaviors).	y ill and a danger to self	
ac	currently licensed in the state of Nevada as a physician, psychologist, social worker, accredited agent of the Department of Human Resources, an officer authorized to make arrest marriage and family therapist.	registered nurse, s in the state of Nevada, or	
	Current Nevada license number: Badge number:		
Person c	on completing form:		
Address	ress: phot	ne #:	

PATIENT NAME:			
433A.165 EMERGENCY ADMISSION: EXAMINATION REQUIRED B TRANSPORTED TO A MENTAL HEALTH FACILITY.	EFORE PERSON MAY BE		
 Before an allegedly mentally ill person may be transported to a public or private mental health facility pursuant to NRS 433A. 160, (s)he must: First be examined by a licensed physician 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 appropriat	d		
MEDICAL CLEARANCE: MUST BE COMPLETED IN ITS ENTIRETY REPORT ATTACHED.	AND A COPY OF THE PHYSICIAN		
On the basis of my personal examination of this allegedly mentally ill person o'clock, a.m./p.m., this person has no medical disorder or disease other than hospitalization for treatment.			
Name of examining physician: Current New (Print)	vada license number:		
Address: city/state/zip:	phone #:		
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.330.			
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):			
I am currently licensed in the state of Nevada as a psychiatrist, A licensed psychiatrist or psychologist is not available. I am curre			
Name of examiner:	(N 40)		
Signature:Date:	(Phone#) Time:		