

STATE OF LOUISIANA
LOUISIANA DEPARTMENT OF HEALTH – OFFICE OF BEHAVIORAL HEALTH
PSYCHOLOGIST EMERGENCY CERTIFICATE

For observation, diagnosis, and treatment at a treatment facility for a period not to exceed 15 days, or 28 days, for substance abuse (Title 28:52.4). See Louisiana Revised Statutes, Title 28, Sections 53 and 63. These directives must be fulfilled in order for this certificate to be valid.

NAME OF EXAMINING PSYCHOLOGIST:	EXAMINATION DATE:	EXAMINATION TIME:
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ADDRESS OF EXAMINING PSYCHOLOGIST:

PATIENT DATA	NAME OF PATIENT			
	ADDRESS OF PATIENT			
	RACE	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH	BIRTHPLACE
	MARRITAL STATUS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> SEP		MILITARY STATUS <input type="checkbox"/> VETERAN <input type="checkbox"/> NON-VETERAN	RELIGION
	NAME OF NEAREST RELATIVE, FRIEND, OR GUARDIAN		RELATIONSHIP	
	ADDRESS		PHONE NUMBER	

CHECK:
 Mental Illness or Substance Abuse (15 Day)
 Substance Abuse (28 Day)
 1st 2nd
 Order For Protective Custody Date: _____

FINDINGS OF EXAMINATION

HISTORY OF PRESENT ILLNESS (REASONS FOR ADMISSION, INCLUDING BEHAVIOR, ACTS, THREATS, ETC.)

PHYSICAL FINDINGS (MEDICAL HISTORY, CURRENT MEDICATIONS, ETC.)

MENTAL CONDITION (ORIENTATION, MOOD, THOUGHT CONTENT, AFFECT, ANY HALLUCINATIONS OR DELUSIONS)

PREVIOUS PSYCHIATRIC TREATMENT <input type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT	DATE OF TREATMENT	PLACE, IF KNOWN
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IS PATIENT CURRENTLY: SUICIDAL HOMICIDAL VIOLENT

I am of the opinion that the above person named is in need of immediate psychiatric treatment in a treatment facility because he/she is seriously mentally ill or suffering from substance abuse so that he/she is (check where appropriate in both 1 & 2):

1. Dangerous to self Dangerous to others Gravely disabled
 2. Unwilling Unable to seek voluntary admission

SIGNATURE OF EXAMINING PSYCHOLOGIST	LA MEDICAL LICENSE NUMBER	DATE SIGNED	TIME SIGNED
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Completion of above certificate shall constitute legal authority to transport patient to the following facility:

1. _____
 2. _____

To be transported by: _____ Relationship to patient: _____