

STATE OF LOUISIANA  
LOUISIANA DEPARTMENT OF HEALTH – OFFICE OF BEHAVIORAL HEALTH  
CORONER’S EMERGENCY CERTIFICATE

To be completed by the coroner or his deputy within seventy-two hours after admission of any person by emergency certificate to a treatment facility. The completion of this certificate is a necessary precondition to the person’s continued confinement. See LA Revised Statutes, Title 28, Sections 52.4 and 53.

NAME OF CORONER OR DEPUTY		ADDRESS			
NAME OF PATIENT EXAMINED		ADDRESS			
ADMISSION DATE	ADMISSION TIME	EXAMINATION DATE	EXAMINATION TIME		
<b>PATIENT DATA</b>	RACE	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH	BIRTHPLACE	
	MARITAL 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	

**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

**CONCLUSIONS (Complete either A or B)**

A. 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 CORONER OR DEPUTY	LA MEDICAL LICENSE NUMBER	DATE SIGNED	TIME SIGNED
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B. Based on my examination of the above person named, I conclude that he/she is not a proper subject for emergency admission.

SIGNATURE OF EXAMINING CORONER OR DEPUTY	LA MEDICAL LICENSE NUMBER	DATE SIGNED	TIME SIGNED
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