

STATE OF LOUISIANA
LOUISIANA DEPARTMENT OF HEALTH
OFFICE OF BEHAVIORAL HEALTH

FORMAL VOLUNTARY ADMISSION

(Facility Name)

I, the undersigned, hereby request admission to _____ and agree to abide
(Facility Name)

by the rules and regulations of the facility. I certify that I have been informed of the provision of LA Revised Statute 28:52,
governing voluntary admission and fully understand these provisions.

I also understand that if I desire to be discharged, I shall provide seventy-two (72) hours written notice to the director of this facility.

Patient Signature:	Date:
Address:	Date of Birth:
Facility Witness:	

I hereby agree that _____ is suitable for voluntary admission.
(Patient Name)

Admitting Physician Signature: _____