

State of Louisiana
Louisiana Department of Health
Office of Behavioral Health

NON-CONTESTED ADMISSION

(Facility Name)

_____, being in need of admission to a treatment facility for diagnostic study
(Patient Name)

and/or treatment, and being unable to render full and knowing consent for voluntary admission, hereby states that he/she does not object to such admission.

Patient Signature:*	Date:
*Physician note if patient is unable to sign:	
Address:	Date of Birth: _____
Witness Name & Signature: _____ (Print Name) _____ (Signature)	Witness Relationship to Patient: (Family, Friend, Guardian, Peace Officer)

On this date, _____, I hereby verify that _____ fulfills the
(Patient Name)

criteria for a non-contested admission according to LA Revised Statute 28, Sec. 52.3.

Admitting Physician Signature

Facility Witness