

UNIVERSITY OF CINCINNATI MEDICAL CENTER

## **APPLICATION FOR EMERGENCY ADMISSION**

IN ACCORDANCE WITH ORC § 5122.10

TC	): The	Chief	Clinical Officer		
		,	Facility Name		Date
Th	e unders	signed	has reason to believe that		
			Name of Person to be Admitted		
1.	ls a mer Code: i.e	ntally l e., bed	Il person subject to hospitalization by court order under cause of a mental Iliness, this person	r division B of Sec	tion 5122.01 of the Revised
		)	(1) Represents a substantial risk of physical harm to hir or attempts at, suicide or serious self inflicted bodily had	mself/herself as me rm.	unifested by evidence of threats of
		_)	(2) Represents a substantial risk of physical harm to other other violent behavior or evidence of recent threats the behavior and serious physical harm, or other evidence of the control	hat place another i	n reasonable feer of violent
	(	_)	(3) Represents a substantial and immediate risk of serio manifested by evidence that he/she is unable to provide needs because of his/her mental illness and that approximmediately available in the community.	e for and is not prov	ding for his/her basic physical
	(	_)	(4) Would benefit from treatment in a hospital for his/her manifested by evidence of behavior that creates grave a him/herself.	r mental illness and and imminent risk to	l is in need of such treatment as a substantial rights of others or
2.	represer Therefor	nts a s e, it is	substantial risk of physical harm to him/herself or others requested that said person be admitted to the above r	s if allowed to be a named facility.	at liberty pending examination.
			FAMILY NOTIFICATION	<u>DN</u> IN ACCORDAN	CE WITH ORC 5 5122,18
Fa	mily awa	re of I	hospitalization when patient taken into custody.		
Fa	mily noti	ficatio	on ( ) attempted or ( ) completed on	<u> </u>	to
Nam	e of Next	of Kin			
Sign	ature			Date	Time
PBIA	VT Name				

UCMC-684, Rev. 1/13

## STATEMENT OF BELIEF

Must be filled out by one of the following: a psychiatrist, !!censed clinical psychologist, licensed physician, health, parole or police officer, sheriff or deputy sheriff.

(Statement shall include the circumstances under which the individual was taken into custody and the reason for the person's belief that hospitalization is necessary. The statement shall also include a reference to efforts made to secure the individual's property at his/her residence if he/she was taken into custody there. Every reasonable and appropriate effort should be made to take this person into custody in the least conspicuous manner possible.)

(continued on reverse side)



ature Custody-taking was not a criminal arrest; and that the patient was being taken for examination by mental hofessionals at University of Cincinnati Medical Center.    Date			·				
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