



ADMEN

UNIVERSITY OF CINCINNATI MEDICAL CENTER

APPLICATION FOR EMERGENCY ADMISSION

IN ACCORDANCE WITH ORC § 5122.10

UCMC-684, Rev. 1/13

TO: The Chief Clinical Officer

Facility Name _____

Date _____

The undersigned has reason to believe that

Name of Person to be Admitted _____

1. Is a mentally ill person subject to hospitalization by court order under division B of Section 5122.01 of the Revised Code: i.e., because of a mental illness, this person

- () (1) Represents a substantial risk of physical harm to himself/herself as manifested by evidence of threats of, or attempts at, suicide or serious self inflicted bodily harm.
- () (2) Represents a substantial risk of physical harm to others as manifested by evidence of recent homicidal or other violent behavior or evidence of recent threats that place another in reasonable fear of violent behavior and serious physical harm, or other evidence of present dangerousness.
- () (3) Represents a substantial and immediate risk of serious physical impairment or injury to him/herself as manifested by evidence that he/she is unable to provide for and is not providing for his/her basic physical needs because of his/her mental illness and that appropriate provision for such needs cannot be made immediately available in the community.
- () (4) Would benefit from treatment in a hospital for his/her mental illness and is in need of such treatment as manifested by evidence of behavior that creates grave and imminent risk to substantial rights of others or him/herself.

2. represents a substantial risk of physical harm to him/herself or others if allowed to be at liberty pending examination. Therefore, it is requested that said person be admitted to the above named facility.

FAMILY NOTIFICATION IN ACCORDANCE WITH ORC § 5122.18

I Family aware of hospitalization when patient taken into custody.

I Family notification () attempted or () completed on _____ to _____
Date

Name of Next of Kin _____

Signature _____

Date _____

Time _____

PRINT Name _____

STATEMENT OF BELIEF

Must be filled out by one of the following: a psychiatrist, licensed 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)



STATEMENT OF BELIEF (continued)

When taking the patient into custody, I explained to him/her my name, professional designation, and agency affiliation; that the custody-taking was not a criminal arrest; and that the patient was being taken for examination by mental health professionals at University of Cincinnati Medical Center.

Signature _____ Date _____ Time _____ Title/Position/Badge or License # _____

PRINT Name _____

Place of Employment _____ Telephone # _____

**STATEMENT OF OBSERVATION
BY PSYCHIATRIST, LICENSED PHYSICIAN
OR LICENSED CLINICAL PSYCHOLOGIST, IF APPLICABLE**

Place of Observation _____

Signature _____ Date _____ Time _____ Title _____

PRINT Name _____

<p>APPROVED () YES () NO</p>	<p>SIGNATURE OF CHIEF CLINICAL OFFICER OR DESIGNEE</p>	<p>DATE/TIME</p>
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