

PATIENT NAME: _____

433A.165 EMERGENCY ADMISSION: EXAMINATION REQUIRED BEFORE PERSON MAY BE ADMITTED TO A MENTAL HEALTH FACILITY.

1. Before an allegedly mentally ill person may be admitted to a public or private mental health facility pursuant to NRS 433A. 160, (s)he must:
- a. First be examined by a licensed physician, physician assistant or advanced practitioner of nursing at a location where a practitioner is authorized to conduct such an examination to determine whether (s)he has medical problems, other than a psychiatric problem which require immediate treatment, and
 - b. If such treatment is required, be admitted to a hospital for the appropriate medical care.

MEDICAL CLEARANCE: MUST BE COMPLETED IN ITS ENTIRETY AND A COPY OF THE EXAMINATION REPORT ATTACHED.

On the basis of my personal examination of this allegedly mentally ill person on _____ day at _____ o'clock, a.m./p.m., this person has no medical disorder or disease other than a psychiatric problem that requires hospitalization for treatment.

Name of examining medical professional: _____ Current Nevada license number: _____
(Print)

Signature: _____ Date: _____ Time: _____

CERTIFICATION: Describe in detail the behaviors you observed in the person leading you to believe (s)he is mentally ill and a danger to self or others as described in NRS 433A.330.

I have personally observed and examined this allegedly mentally ill person and have concluded that, as a result of mental illness, this person is likely to harm self or others. My opinions and conclusions are based on the following facts and reasons (Do not give diagnosis to describe behaviors):

I am currently licensed in the state of Nevada as a psychiatrist, psychologist. License #: _____

A licensed psychiatrist or psychologist is not available. I am a licensed physician. License# _____

Name of examiner: _____
(Print)

Signature: _____ Date: _____ Time: _____

DISCHARGE: I have personally observed and examined this allegedly mentally ill person and have concluded that (s)he is not or is no longer a danger to self or others as a result of mental illness. My opinions and conclusions are based on the following facts and reasons:

I am currently licensed in the state of Nevada as a physician, current Nevada license number: _____

Person completing form: _____

Signature _____ Date _____ Time _____