EMERGENCY HOLD ORDERS
(Minnesota Statutes 253B.051 and 253B.06)

For use when a patient is placed on an emergency hold order by an examiner.

Examiner's Statement (M.S. 253B.051 subd. 2)

I am a licensed physician, mental health professional as defined in section 245.462, subd. 18, clauses 1 to 6, licensed physician assistant, or an APRN working in the ER of a hospital that has a process for credentialing and recredentialing any APN acting as an examiner in an ER, and am knowledgeable, trained and practicing in the diagnosis and treatment of the alleged impairment.

On the____________day of___________, 20_______, I examined ____ and I am of the opinion that he/she is mentally ill/chemically dependent/developmentally disabled and is in danger of causing injury to self or others if not immediately detained, and that a court order cannot be obtained in time to prevent such anticipated injury. If danger to specific individual(s) is the basis for the emergency hold, the statement must identify the individual(s), to the extent practicable.

The reasons for my opinion are as follows (reasons **must** include observations of behavior, avoid conclusory language and be specific enough to provide an adequate record for review): Please print and attach additional pages if necessary.

Printed Name and Signature	Date	Time
		☐ AM ☐ PM

Consent of Head of Facility or Program

I am the head of the ____facility/program and ☐ **consent** ☐ **do not consent** to admit or hold ____to this facility/program for emergency care and treatment

(Patient's Full Name)

and an Examiner has provided a written statement in support of the hold.

Printed Name and Signature	Title	Date	Time
			☐ AM ☐ PM

Initial Assessment (M.S. 253B.06) - *Applicable to Emergency Holds Involving Hospitalization*

Pursuant to M.S. 253B.06 (subd. 1), I hereby declare that I am a physician knowledgeable and trained in diagnosing the patient's mental health or developmental disability and have examined this person within 48 hours of **hospitalization** to this facility, and in my opinion there is an apparent need for care, treatment, and evaluation as a person with a mental illness or developmental disability.

OR:

Pursuant to M.S.253B.06 (subd. 2), I hereby declare that this person has been examined within 48 hours of admission following **hospitalization for chemical dependency** according to procedures established by a physician or APRN and that I am a staff person knowledgeable and trained in the diagnosis of the alleged disability, and in my opinion there is an apparent need of admission as a chemically dependent person.

Printed Name and Signature	Title	Date	Time
			☐ AM ☐ PM
If you ask, we will give you this information in another form, such as Braille, large print or audiotape.	**Facility Name**		
	Patient Name		
	Birthdate		

Revised 01/2021