

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

Examiner's Statement (M.S. 253B.05 (subd. 1))

I am a physician, licensed psychologist, advance practice registered nurse certified in mental health or a licensed physician assistant in the State of Minnesota and am knowledgeable, trained and practicing in the diagnosis and treatment of mental illness/chemical dependency/developmental disability.

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 be stated in specific, behavioral terms, and not in conclusion terms):

Printed Name and Signature	Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
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Consent of Head of Treatment Facility

I am the head of the _____ treatment facility or designee and **(consent) (do not consent)** to the admission of _____ to this treatment facility.
(Patient's Full Name)

Signature	Title	Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
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Initial Assessment (M.S. 253B.06)

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

OR:

Pursuant to M.S.253B.06 (subd. 2), I hereby declare that this person has been examined according to procedures established by a physician 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 person with chemical dependency.

Printed Name and Signature	Title	Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
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If you ask, we will give you this information in another form, such as Braille, large print or audiotape.

Facility Name:
Patient Name:
Birthdate:
Sex:

Revised 03/2012

EMERGENCY HOLD ORDER
(Minnesota Statutes 253B.05 and 253B.06)