

Emergency Hold Order Application

(Minnesota Statutes, sections 253B.05 and 253B.06)

Use this form when applying for admission of a person on an emergency hold order. Make a completed copy of this application available to the person taken into custody.

“Peace Officer” means a sheriff, municipal or other local police officer, or state patrol officer.

“Health Officer” means a licensed physician, licensed psychologist, licensed social worker, emergency room registered nurse, psychiatric or public health nurse, advance practice registered nurse, a mental health professional working with a mobile crisis intervention service or a formally designated member of a prepetition screening unit.

Patient

Full name _____ Birthdate _____

County of residence _____ Sex _____

Health or Peace Officer’s Statement

Name _____ Agency _____

Title _____

I hereby make this written application to the head of the treatment facility for the admission of the above named patient. I believe that this person is mentally ill, developmentally disabled or chemically dependent, and is in danger of injuring self or others if not immediately detained; or is intoxicated in public.

Identify the specific reasons for the circumstances under which the person was taken into custody. You must include a statement with identifying information regarding any individuals who might be endangered if this person is not held.

Signature _____ Date _____ Time _____ AM
PM

Medical Officer on Duty’s Statement

Name _____ Treatment Facility _____

Title _____

Select one of the following statements

I am a medical officer on duty at the above named treatment facility. Upon preliminary examination, I find this patient
has does not have symptoms of mental illness or developmental disability and
does does not appear to be in danger of injuring self or others if not immediately detained, and I thereby
do do not recommend admission to this treatment facility.

I am the institution program director or designee on duty at the above named treatment facility. Upon preliminary examination, I find this patient **has does not have** symptoms of chemical dependency, and
does does not appear to be in danger of injuring self or others if not immediately detained, and
is is not intoxicated in public. I thereby **do do not** recommend admission to this treatment facility.

Signature _____ Date _____ Time _____ AM
PM

Consent of Head of Treatment Facility

Name _____

Treatment Facility _____

Title _____

I am the head of the treatment facility or designee and **consent** **do not consent** to the admission to this treatment facility of the patient named on this application.

Signature _____

Date _____

Time _____

AM
PM

Initial Assessment (MS 253B.06)

Name _____

Title _____

Select one of the following statements

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

I am a staff person knowledgeable and trained in the diagnosis of the alleged disability and have examined the patient named on this application according to procedures established by a physician. In my opinion there is an apparent need of admission as a person with chemical dependency. (MS 253B.06, subd. 2)

Signature _____

Date _____

Time _____

AM
PM

Examiner’s Statement (MS 253B.05, subd. 1)

Name _____

Title _____

Must be filled out when using this form as a Peace or Health Officer Authority or Examiner’s Hold Order

I am a licensed physician, licensed doctoral level 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 assessment or treatment of mental illness, chemical dependency and developmental disability.

On the _____ day of _____, 20 __, I examined the patient named on this application. In my opinion the patient is mentally ill, chemically dependent or developmentally disabled, and is in danger of causing injury to self or others if not immediately detained. A court order cannot be obtained in time to prevent such anticipated injury.

Identify the specific reasons for your opinion. You must include a statement with identifying information regarding any individuals who might be endangered if this person is not held.

Signature _____

Date _____

Time _____

AM
PM