



Certificate of Professional for Emergency Assessment for Substance Abuse Services

ALL SECTIONS OF THIS FORM MUST BE COMPLETED AND LEGIBLE

I have **personally examined** [printed name of individual] _____ at _____ am pm on [date mm/dd/yyyy] _____ in _____ County (time noted must be within the preceding 48 hours).

This is to certify that I am a licensed (*check one box*):

- Psychiatrist Physician (but not a Psychiatrist) Clinical Psychologist Psychiatric Nurse
 Clinical Social Worker Mental Health Counselor Marriage and Family Therapist
 Physician Assistant Advanced Practice Registered Nurse

OR

This is to certify that I am a Master's-level-certified Addictions Professional.

My relationship to the individual is: _____

My relationship to the applicant is: _____

My relationship to the licensed service provider is: _____

This examination was performed within 5 days of the date of the application for admission. Based on my examination, I conclude that the above-named person is substance use impaired or has a co-occurring substance use and mental health disorder and is appropriate for emergency admission for such impairment or disorder and because of such impairment or disorder:

1. He or she has lost the power of self-control with respect to substance abuse for these reasons:

AND

2. He or she is in need of substance abuse services because:

OR

3. Without care or treatment, he or she is likely to suffer from neglect or refuse to care for himself or herself or there is substantial likelihood that he or she inflicted, or, unless admitted, is likely to inflict, physical harm on self or others because:

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A law enforcement officer is requested to provide transportation assistance for the said person for emergency substance abuse admission to the following facility:

Location of Facility: _____

The Individual's Present Location: _____

If his or her present location is unknown, the following information is provided to assist law enforcement in finding the individual so they may be taken into custody for involuntary emergency substance abuse admission:

County of Residence: _____ Street Address: _____

Age: _____ Race: _____ Sex: _____ SS#: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Does individual have access to any weapons: Yes No

If yes, please describe:

Is the individual violent now? Yes No

If yes, please describe:

Does the individual have any pending criminal charges against him/her? Yes No

If yes, please describe:

Does the individual have a legal guardian? Yes No

If yes, who? _____