

MENTAL HEALTH INFORMATION SHEET

CAUSE NO. _____

Applicant's name, address and phone number: _____

Relationship, if any, to patient _____

Patient's sex: _____ Patient's age and date of birth _____

Patient's race: ___Caucasian ___Black ___Hispanic ___Asian ___Other

(_____)

Patient's Name: _____

Patient's address for service _____

Patient's Phone _____

The proposed patient has the following pending criminal charges _____

Patient's Insurance Information _____

How entered to hospital:

___Emergency without warrant (attach mental health unit copies

___Emergency with a warrant (attach copies)

Date, time and circumstances of emergency detention: _____

Acts leading to application: _____

Witness(es) names, addresses, and phone numbers _____

What mental health facility is proposed patient going to: _____

Person or agency who is transporting patient _____

Signed this the _____ day of _____, 20____

Applicant Signature: _____