

Race _____ Language _____

5. Does Proposed Patient have any weapons? _____ Describe _____

6. Is Proposed Patient a minor? _____ Yes _____ No If yes, name of guardian _____

7. If physician or psychiatrist is treating the Proposed Patient, state the name of the Doctor. _____

8. Does Proposed Patient have any criminal charges? _____ Yes _____ No

9. Does Proposed Patient need Ambulatory services? _____ Yes _____ No

10. Has Proposed Patient been treated at the local MHMR facility? _____ Yes _____ No

11. By making this Application, I understand and agree that the proposed patient maybe financially responsible for all fees, legal and medical, that are incurred as a result of making this application.

Applicant

Sworn to and signed before me on this the _____ day of _____, 20__.

Notary Public