

PSYCHOLOGIST EMERGENCY EXAMINATION REQUEST

MHCC-1A Rev. 6/04

State of Connecticut
Department of Mental Health and Addiction Services
P.O. Box 341431, 410 Capitol Avenue, 4th Floor
Hartford, CT 06134

1. This form must be completed in *DUPLICATE* and signed by the psychologist making the request.
2. One copy must be left with the hospital and one copy returned to the psychologist.

DIRECTIVE AND AUTHORIZATION C.G.S. 17a-503©	PERSON'S NAME:	OF: (Town in Connecticut)
	To any proper authority: As a psychologist licensed in the State of Connecticut, I have reasonable cause to believe that the above-named person is psychiatrically disabled and dangerous to himself or herself or others, or gravely disabled, and in need of immediate care and treatment.	
	You are therefore AUTHORIZED AND DIRECTED to take said person to: _____, a General Hospital, for purposes of a medical examination.	

SIGNED: (Requesting Psychologist)	CT LICENSE NUMBER	DATE OF REQUEST
BUSINESS ADDRESS: (No. & Street, city, state, zip code)		TELEPHONE NUMBER

RETURN	By virtue of the foregoing directive, I transported the above-named person to the designated General Hospital, and there entrusted said person to a duty authorized representative of said hospital.		
	SIGNATURE: (Proper Authority)	DATE	TIME am pm
	HOSPITAL NAME:	RECEIVED BY: (Authorized hospital representative)	

TO: HOSPITAL EMERGENCY ROOM	PERSON TO BE EXAMINED: (Name)				PRESENT ADDRESS:	
	SEX	BIRTH DATE	MARITAL STATUS	VETERAN	SOC. SEC. NO.	RELIGION
	NEAREST RELATIVE/FRIEND/GUARDIAN KNOWN TO THE UNDERSIGNED				RELATIONSHIP	TELEPHONE NO.
	ADDRESS OF RELATIVE (etc.)				The relative named above HAS <input type="checkbox"/> HAS NOT <input type="checkbox"/> been notified of this request.	

HISTORY OF PRESENT CONDITION AND REASON FOR EXAMINATION REQUEST:

OTHER PERTINENT HISTORY: (Previous hospitalizations, treatment, suicide attempts, medications, etc.)

SIGNED: (Requesting Psychologist)				DATE OF SIGNATURE	
FOR HOSPITAL USE ONLY	CASE NUMBER	DISPOSITION	ADMISSION DATE & TIME am pm	ADMITTED BY	