



PATIENT NAME: \_\_\_\_\_

**433A.165 EMERGENCY ADMISSION: EXAMINATION REQUIRED BEFORE PERSON MAY BE TRANSPORTED TO A MENTAL HEALTH FACILITY.**

1. Before an allegedly mentally ill person may be transported to a public or private mental health facility pursuant to NRS 433A. 160, (s)he must:

- a. First be examined by a licensed physician to determine whether (s)he has medical problems, other than a psychiatric problem which require immediate treatment, and
- b. If such treatment is required, be admitted to a hospital for the appropriate medical care.

**MEDICAL CLEARANCE: MUST BE COMPLETED IN ITS ENTIRETY AND A COPY OF THE PHYSICIAN REPORT ATTACHED.**

On the basis of my personal examination of this allegedly mentally ill person on \_\_\_\_\_ day at \_\_\_\_\_ o'clock, a.m./p.m., this person has no medical disorder or disease other than a psychiatric problem that requires hospitalization for treatment.

Name of examining physician: \_\_\_\_\_ Current Nevada license number: \_\_\_\_\_  
(Print)

Address: \_\_\_\_\_ city/state/zip: \_\_\_\_\_ phone #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**CERTIFICATION: Describe in detail the behaviors you observed in the person leading you to believe (s)he is mentally ill and a danger to self or others as described in NRS 433A.330.**

I have personally observed and examined this allegedly mentally ill person and have concluded that, as a result of mental illness, this person is likely to harm self or others. My opinions and conclusions are based on the following facts and reasons (Do not give diagnosis to describe behaviors):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am currently licensed in the state of Nevada as a psychiatrist, psychologist. License #: \_\_\_\_\_  
A licensed psychiatrist or psychologist is not available. I am currently a licensed physician.  
License #: \_\_\_\_\_

Name of examiner: \_\_\_\_\_  
(Print) (Phone#)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_