Certification of Need For Psychiatric Hospitalization
(“24-Hour Certificate”)

Patient: _______________________________________

Date of involuntary admission: ____________ Time of involuntary admission: ____________

(Date and time of involuntary admission are the date and time at which the hospital begins holding the patient based on a blue paper.)

In accordance with the provisions of 34-B M.R.S.A. § 3863(7), I hereby certify that:

1. I am a duly qualified: _____ physician       _____ licensed clinical psychologist

2. I examined the above-named patient, who has been hospitalized at ____________________ pursuant to an application for emergency involuntary hospitalization (a “blue paper”), within 24 hours after the patient’s admission.

   I examined the above-named patient on _________________ at _________________.
   Examination Date
   Examination Time

3. I am not the examiner who certified the patient for emergency involuntary hospitalization prior to his or her admission.

4. In my opinion, the above-named patient is mentally ill, exhibiting the following symptoms:

   __________________________________________________________________________

5. In my opinion, the above-named patient’s recent actions and behaviors, described below, pose a likelihood of serious harm due to the patient’s mental illness:

   A. Describe threats of or attempts at suicide or serious self-inflicted harm.

   B. Describe recent homicidal or violent behavior or recent conduct placing others in reasonable fear of serious physical harm.

   C. Describe recent behavior and how it shows inability to avoid risk or protect self from severe physical or mental harm.

6. In my opinion, adequate community resources are unavailable for care and treatment of the patient’s mental illness.

Date:__________________    ____________________________________
Signature
____________________________________
Printed name

DHHS form, September 2015, under authority of 34-B M.R.S.A. § 3802(5)