## 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 d holding the patient <u>based on a blue paper</u> .)	ate and time at which the hospital begins
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	amination Date Examination Time
3. I am not the examiner who certified the patien prior to his or her admission.	t for emergency involuntary hospitalization
4. In my opinion, the above-named patient is men	ntally ill, exhibiting the following symptoms:
5. In my opinion, the above-named patient's recepose a likelihood of serious harm due to the patient	
A	tad harm
B	ted nami.
Describe recent homicidal or violent behavior or recent condu	act placing others in reasonable fear of serious physical harm.
C. Describe recent behavior and how it shows inability to avoid a	risk or protect self from severe physical or mental harm
6. In my opinion, adequate community resources patient's mental illness.	
Date:	
	Signature
	Printed name