

TO: The Chief Clinical Officer of: \_\_\_\_\_ (Regional Psychiatric Hospital - RPH/Facility Name) \_\_\_\_\_ (Date/Time)

The undersigned has reason to believe that: \_\_\_\_\_  
(Name of Person to be Admitted)

1. Is a mentally ill person subject to hospitalization by court order under division B Section 5122.01 of the Revised Code, i.e., this person

- (1) Represents a substantial risk of physical harm to self as manifested by evidence of threats of, or attempts at, suicide or serious self-inflicted bodily harm;
- (2) Represents a substantial risk of physical harm to others as manifested by evidence of recent homicidal or other violent behavior, evidence of recent threats that place another in reasonable fear of violent behavior and serious physical harm, or other evidence of present dangerousness;
- (3) Represents a substantial and immediate risk of serious physical impairment or injury to self as manifested by evidence that the person is unable to provide for and is not providing for the person's basic physical needs because of the person's mental illness and that appropriate provision for those needs cannot be made immediately available in the community; or
- (4) Would benefit from treatment in a hospital for his mental illness and is in need of such treatment as manifested by evidence of behavior that creates a grave and imminent risk to substantial rights of others or himself.

2. Represents a substantial risk of physical harm to self or others if allowed to remain at liberty pending examination.

Therefore, it is requested that said person be admitted to the above named facility.

## STATEMENT OF BELIEF

Must be filled out by one of the following: a psychiatrist, licensed physician, licensed clinical psychologist, clinical nurse specialist who is certified as a psychiatric mental health CNS by the American Nurses Credentialing Center, certified nurse practitioner who is certified as a psychiatric mental health NP by the American Nurses Credentialing Center, health officer, parole officer, police officer, or sheriff.

(Statement shall include the circumstances under which the individual was taken into custody and the reason for the person's belief that hospitalization is necessary. The statement shall also include a reference to efforts made to secure the individual's property at his residence if he was taken into custody there. Every reasonable and appropriate effort should be made to take this person into custody in the least conspicuous manner possible.)

**APPLICATION FOR EMERGENCY ADMISSION**  
In Accordance with Section 5122.10 ORC

**Name of Person to be Admitted:**

**STATEMENT OF BELIEF (continued)**

Signature

**Title/Position/Badge or License No.**

### Place of Employment

**STATEMENT OF OBSERVATION BY PSYCHIATRIST, LICENSED PHYSICIAN,  
OR LICENSED CLINICAL PSYCHOLOGIST, IF APPLICABLE**

Place of Observation (e.g., community mental health center, general hospital, office, emergency facility)

Signature

## Title

Approved

Signature of Chief Clinical Officer

Date/Time