

CAUSE NO. _____

THE STATE OF TEXAS § **IN THE PROBATE COURT**
For the Best Interest and Protection of § **OF**
A MENTALLY ILL PERSON § **HAYS COUNTY, TEXAS**

PHYSICIAN'S CERTIFICATE OF MEDICAL EXAMINATION FOR MENTAL ILLNESS

NOW COMES, _____, the undersigned and a person licensed to practice medicine in the State of Texas, or a person employed by an agency of the United States having a license to practice medicine in any state of the United States, do hereby certify to wit:

1. That my name, address, telephone number, and email address are:

2. That on _____, 201_, at the following location:
_____ I evaluated and examined
_____, hereinafter called "Patient".

3. Prior to this examination, the Patient _____ was or _____ was not informed that communications with me would not be privileged.

4. The Patient, whose address is _____ has been under my care for the following, if any, period of time: _____.

5. A brief diagnosis of the physical and mental condition of the Patient on said date is:

6. An accurate description of the mental health treatment, if any, given by me or administered under my direction is as follows:

7. It is my opinion as a licensed medical doctor that the Patient is mentally ill, and that as a result of that illness the patient meets at least one of the following additional criteria:

_____ is likely to cause serious harm to self;

_____ is likely to cause serious harm to others;

_____ is suffering severe and abnormal mental, emotional, or physical distress; is experiencing substantial mental or physical deterioration of his ability to function independently, which is exhibited by the proposed patient's inability, except for reasons of indigence, to provide for his basic needs, including food, clothing, health, or safety; and is unable to make a rational an informed decision as to whether or not to submit to treatment.

The detailed basis of the opinion is as follows:

A. On or about _____, 20__, the Patient "stated" the following:

B. On or about _____, 20__, the Patient committed the following:

If this Physician's Certificate for Medical Examination of Mental Illness is being offered in support of a request for an Order of Protective Custody, proceed to question 8.

8. That I am further of the opinion that the Patient presents a substantial risk of serious harm to self or others if not immediately restrained, which is demonstrated by

_____ the person's behavior; or

_____ by evidence of severe emotional distress and deterioration of his mental condition to the extent that the person cannot remain at liberty.

The detailed basis of the opinion is as follows:

A. On or about _____, 20__, the Patient “stated” the following:

B. On or about _____, 20__, the Patient committed the following:

If this Physician’s Certificate for Medical Examination for Mental Illness is being offered in support of court-ordered extended mental health services or a renewal of same, please proceed to question 9.

9. That I am additionally of the opinion that that Patient’s condition, as set out in item 7 above, is expected to continue for more than 90 days, the detailed basis for the opinion being:

If this Physician’s Certificate of Medical Examination for Mental Health is to be offered in support of court-ordered mental health services for the Patient under a voluntary commitment who refuses to consent to necessary and appropriate treatment, please proceed to question 10.

10. The Patient is receiving voluntary inpatient services and has refused necessary and appropriate treatment, and in my opinion:

- _____ There is no reasonable alternative to the treatment recommended by the physician; AND
- _____ The patient will not benefit from continued in-patient care without the recommended treatment.

“I _____, acknowledge and swear that all of the statements in the application are correct and true to the best of my knowledge. I understand any person who intentionally causes, conspires with another to cause, or assists another to cause the unwarranted commitment of a person to a mental health facility is subject to criminal penalties as defined by section 571.020 of the TEXAS HEALTH AND SAFETY CODE.

Signature of Examining Physician

SUBSCRIBED AND SWORN TO BEFORE ME by the above named Applicant this _____ DAY OF _____, 201_, to which my hand and seal of office.

Notary Public-State of Texas

Printed Name: _____

My Commission Expires: _____