STATEMENT FROM A QUALIFIED MENTAL HEALTH PROFESSIONAL
AUTHORIZING ADMISSION TO A KANSAS STATE PSYCHIATRIC HOSPITAL

RE: _____

(name of patient)   (DOB)   (age)   (sex)

_____

(patient's address)   (city, state, zip)   (county)

Based upon my screening of the above named person, done by me in person and/or by review of this person's records and of reports concerning this person, and being familiar with the resources and services which are available within this community, I find that the needs of this person for the services indicated below cannot be adequately met in this community, and I therefore authorize that the following service(s) be provided at a state psychiatric hospital.

CHECK ONLY EACH TYPE OF SERVICE AUTHORIZED:

A. ☐ **VOLUNTARY** care and treatment (which this person has indicated to me that he/she wishes to be admitted for and which I believe he/she has the capacity to consent to (See KSA 59-2949(a)).

B. **INVOLUNTARY** care and treatment as specified below:

☐ EMERGENCY or TEMPORARY DETENTION AND TREATMENT pursuant to KSA 59-2954, or under the Court's EX PARTE EMERGENCY CUSTODY ORDER (see KSA 59-2958), or under the Court's TEMPORARY CUSTODY ORDER (see KSA 59-2959) if either are issued.

☐ MENTAL EVALUATION, including the examination(s) necessary to prepare the report to be submitted to the Court to assist in the trial of the issue of whether or not this person is a mentally ill person subject to involuntary commitment (see KSA 59-2961).

☐ INPATIENT CARE AND TREATMENT as may be ordered by the Court in any ORDER of CONTINUANCE AND REFERRAL (see KSA 59-2964) or ORDER FOR TREATMENT (see KSA 59-2966), or ORDER FOR CONTINUED TREATMENT (see KSA 59-2969(f)).

_____

(Date)   (Signature of QMHP)

_____

(Telephone No.)   (CMHC address)

☐   Original to be filed with the Court (if involuntary proceedings)

☐   Copy to _____ State Hospital

☐   Copy to _____ CMHC (if courtesy screen)

EMERGENCY ROOM/HOSPITAL TRANSFERS: If the patient has been taken to any emergency room of any community hospital, or is currently admitted to any inpatient department at any community hospital, medical consultations must have been completed prior to any transfer of the patient to any state psychiatric hospital and the treating physician at the community hospital and the physician on duty at the state hospital must concur that the patient is medically stable and that the state hospital is capable of managing the patient's physical condition (See 42U.S.C. Sec. 1395dd). List below (1) the name of the local treating/emergency room physician and (2) the name of the physician on duty at the state hospital who has agreed to accept the transfer:

(1) _____   (2) _____

Revised September 2012