

State of New York
Office of Mental Health

EXAMINATION WITHIN 72 HOURS
(To Retain a Patient Admitted on a Certificate of Examination or a Certificate of Observation by a Director of Community Services)

Patient's Name (Last, First, M.I.)

"C" No.

Sex

Date of Birth

Facility Name

Unit/Ward No.

INSTRUCTIONS:

To be completed within 72 hours after admission, excluding Sundays and holidays, by a physician who is a member of the psychiatric staff, other than the admitting physician or the physician who completed Form 475C, Examination Within 24 hours (if applicable).

1. Pertinent and Significant Factors in Patient's Medical and Psychiatric History:

2. Physical Condition (including any special test reports):

3. Mental Condition: The conduct of the patient (including statements made to me by others) has been:

4. The patient shows the following psychiatric signs and symptoms:

5. Does the patient show a tendency to harm him/herself? Yes No to harm others? Yes No

If yes, explain _____

6. Mental Diagnosis (if determined): _____

I, _____, do certify as follows:
(Print Name Clearly)

a. I have with care and diligence personally examined the above named patient on:

Mo.	Day	Yr.	

and as a result of such examination, find and hereby certify:

- that the patient is in need of involuntary care and treatment in a hospital providing inpatient services for the mentally ill; and
 - that as a result of his or her mental illness, the patient poses a substantial threat of harm to self or others ("substantial threat of harm" may encompass (i) the patient's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, or (ii) the patient's history of dangerous conduct associated with noncompliance with mental health treatment programs).
- b. I have formed this opinion based on the case history and my examination of the patient as detailed above.
- c. I hereby certify that the facts stated and information contained in this certificate are true to the best of my knowledge and belief.

Psychiatrist's Signature

Mo.	Day	Yr.	