

STATE OF NEW YORK—OFFICE OF MENTAL HEALTH

Proceedings for Commitment of a Mentally Ill Inmate
to a State Hospital for the Mentally Ill in the
State Office of Mental Health
(Correction Law § 402)

STATE OF NEW YORK

_____ Court, County of _____

IN THE MATTER OF
THE COMMITMENT TO A STATE HOSPITAL FOR THE
MENTALLY ILL IN THE STATE OFFICE OF
MENTAL HEALTH

CERTIFICATE
OF
EXAMINING PHYSICIAN

_____ AN ALLEGED MENTALLY ILL INMATE

This certificate is composed of two parts: (a) history obtained by physicians, (b) examinations of physicians.

(a) IDENTIFYING DATA AND HISTORY OBTAINED BY PHYSICIANS

Name of Patient				<input type="checkbox"/> Male	<input type="checkbox"/> Female
Street Address		City	County		
State	Zip Code	Date of Birth	Place of Birth	U.S. Citizen? Yes No	
Names of Living Relatives of Patient (if no relatives, nearest know (friend))		Age	Street Address	City and State	
Father					
Mother					
Husband or Wife					
Children					

Previous Hospitalizations for Mental Illness

Name of Hospital	Location (City & State)	Date of Admission	Length of Stay

When did present attack begin? Describe _____

(b) EXAMINATION BY PHYSICIANS

Physical Condition:

Mental Condition:

In your opinion is patient liable to injure himself, _____ or to injure others? _____

We, _____ a legal resident of _____, county of _____, State of New York and county of _____ and State aforesaid, do severally certify and each for himself certifies, with the exceptions which are hereinafter noted, as follows:

1. I am a reputable physician, duly licensed to practice medicine in New York State, and have been in the actual practice of my profession for at least three years.
2. I have with care and diligence personally observed and examined on the date of the certificate namely, on the _____ day of _____, 19____, _____ now residing or being at _____ in the county of _____ and as a result of such examination, I find and hereby certify to the fact that he is mentally ill and a proper subject for custody and treatment in a State hospital for the mentally ill in the Office of Mental Health as a mentally ill person under provisions of the statute.
3. I have found this opinion from the history of the case and my examination of the patient as given above.
4. I hereby certify that the facts stated and information contained in this certificate are true to the best of my knowledge and belief.

Dated: _____, 19____ _____, M.D.
_____ , M.D.