



- ➔ Complete Part 1 for **EMERGENCY DETENTION** for immediate examination for emergency admission
- ➔ Complete Part 2 for the 1st Certificate of Need for **EMERGENCY INVOLUNTARY ADMISSION**
- ➔ Complete Part 3 for the 2nd Certificate of Need for **EMERGENCY INVOLUNTARY ADMISSION**

**EMERGENCY DETENTION
FOR IMMEDIATE EXAMINATION FOR EMERGENCY ADMISSION**

I am a (check one):

- Law enforcement officer authorized to make arrest in Tennessee
- Licensed physician
- Licensed psychologist with health service provider designation
- Qualified Mental Health Professional (QMHP), as identified in Tenn. Code Ann. § 33-1-101 and found on page 2, section A of this form, designated by the TDMHSAS Commissioner as a mandatory pre-screening agent

Pursuant to Tenn. Code Ann. § 33-6-401, _____, referred to below as “person”, shall be detained under Tenn. Code Ann. § 33-6-402 for immediate examination under Tenn. Code Ann. § 33-6-404 to determine whether the person is subject to admission to a hospital or treatment resource under Tenn. Code Ann. § 33-6-403 for emergency diagnosis, evaluation, and treatment under Title 33, Chapter 6, Part 4, Tenn. Code Ann.

I have reason to believe that the person identified above has a mental illness or serious emotional disturbance, AND the person poses an immediate substantial likelihood of serious harm under Tenn. Code Ann. § 33-6-501 because of the mental illness or serious emotional disturbance, as evidenced by the following behavior by the person which I have observed or have reason to believe is true: *(Specifically, include behavior which shows threats or attempts at homicide, suicide, other bodily harm, or behavior placing others in reasonable fear of violent behavior, or which shows that the person is unable to avoid severe impairment or injury from specific risks.)*

Date: _____

Signature: _____

Time: _____

Printed Name: _____

Disposition (i.e. released, transferred, transported to CSU, admitted, etc.): _____

Date: _____

Signature: _____

Time: _____

Printed Name: _____

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Check Here to RESCIND
(requires a new examination)

Date: _____ Time: _____

SIGNATURE OF EXAMINING PROFESSIONAL

FIRST CERTIFICATE OF NEED
FOR EMERGENCY INVOLUNTARY ADMISSION
UNDER TITLE 33, CHAPTER 6, PART 4, TENNESSEE CODE ANNOTATED

_____, of the County of _____
PRINT NAME OF EXAMINING PROFESSIONAL

State of Tennessee, **certify** that I personally examined _____

PRINT NAME OF PERSON EXAMINED

on _____, _____ at _____ AM / PM.
DATE YEAR TIME

A

Check all that apply:

- I **am not** a Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) Commissioner-designated mandatory pre-screening agent and, I **am** a (*check one*):
- Licensed physician Licensed psychologist designated as a health service provider

Please Complete the Following:

- I have completed this certificate because a mandatory pre-screening agent was **not** available within 2 hours
AND
- I have consulted with the mental health crisis team in my area and have determined that all available less drastic alternatives to placement in a hospital or treatment resource are unsuitable to meet the needs of the person as indicated in **Section B, # 4** below.

I spoke with _____,
STAFF NAME TITLE / AGENCY

OR

- I am a Qualified Mental Health Professional (QMHP) who has been designated by the TDMHSAS Commissioner as a mandatory pre-screening agent.*
*“QMHP” means a person who is licensed in the state, if required for the profession, and who is a psychiatrist; physician with expertise in; psychologist with health service provider designation; psychological examiner; licensed master’s social worker with two (2) years of mental health experience or licensed clinical social worker; marital and family therapist; nurse with a master’s degree in nursing who functions as a psychiatric nurse; licensed professional counselor; or if the person is providing service to service recipients who are children, any of the above educational credentials plus mental health experience with children. *A TDMHSAS Commissioner-designated mandatory pre-screening agent must have mental health experience with children in order to complete a certificate of need on a child.

B

In my professional opinion, based on the examination and the information provided, I certify that this person is subject to involuntary care and treatment under Title 33, Chapter 6, Part 4, Tennessee Code Annotated because, as shown by the following facts and reasoning, the person:

1. has a mental illness or serious emotional disturbance as defined in Tenn. Code Ann. § 33-1-101(16) and (20), (**list known mental illness or serious emotional disturbance history and current signs/symptoms**):
Mental illness is a psychiatric disorder, alcohol dependence or drug dependence; does not include intellectual and/or developmental disabilities. **Serious emotional disturbance** is a condition in a **child** who at any time during the past year has had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet psychiatric diagnostic criteria, that results in functional impairment which substantially interferes with or limits the child’s role or functioning in family, school, or community activities and includes any mental disorder, regardless of whether it is of biological etiology.
