**IVC FORM FACT SHEET**

**First Examination for Involuntary Commitment**

* New forms must be used starting October 1, 2019; it is available on the website [IVC Commitment Forms](https://www.ncdhhs.gov/ivc).
* First Examination must be completed by:

A **physician**, an **eligible psychologist**, or **any health professional or mental health professional who is certified under** [NCGS 122C-263.1](https://www.ncleg.gov/EnactedLegislation/Statutes/PDF/BySection/Chapter_122C/GS_122C-263.1.pdf) to perform the first examination for involuntary commitment described in [NCGS 122C-263(c)](https://www.ncleg.gov/EnactedLegislation/Statutes/PDF/BySection/Chapter_122C/GS_122C-263.pdf) or [NCGS 122C-283(c)](https://www.ncleg.gov/EnactedLegislation/Statutes/PDF/BySection/Chapter_122C/GS_122C-283.pdf).

**Health professionals or mental health professionals** who have completed and passed the Commitment Examiner Training and been identified through DMH/DD/SAS as a Commitment Examiner

* Licensed Clinical Social Worker (LCSW)
* Master’s or higher-level degree Nurse Practitioner (NP)
* Licensed Clinical Mental Health Counselor (LCMHC)
* Licensed Marriage and Family Therapist (LMFT)\*
* Physician’s Assistant (PA)
* Master’s level Licensed Clinical Addictions Specialist (LCAS)

**SOURCE:** [**NCGS 122C-263.1**](https://www.ncleg.gov/EnactedLegislation/Statutes/PDF/BySection/Chapter_122C/GS_122C-263.1.pdf)

* It is the responsibility of the already certified Commitment Examiner (received certification prior to October 1, 2019) to fully understand the changes to the law and using the new form(s).
* Although titled First Examination, this form can be utilized as a re-evaluation for individuals that are awaiting transport to a 24-hour treatment facility designated to accept and treat persons under involuntary commitment orders.

**How to Complete First Examination for Involuntary Commitment Form** DMH 5-72-19 (rev. 7/20/2020)

* Complete with accurate date and time of evaluation and the name of the facility.

**Section I**

* Clearly mark the type of certification that is being sought; for the other boxes check *None of the above.*
* If the first evaluation is completed via telemedicine the appropriate box needs to be checked at the bottom of page 1.

**Section II**

* This is the narrative justification for the involuntary commitment.
* The diagnosis(es) need/s to be listed here for the involuntary commitment.

**Health Screening Section**

* Health screening is completed by a Commitment Examiner or other individual who is determined by the area facility, contracted facility, or other location to be qualified to perform the health screening at the time of the First Examination.
* The Health Screening section can be replaced by a medical evaluation that is documented separately in the individual’s medical record. A medical evaluation is defined as a medical history and physical exam performed by a medical provider, which is defined as an MD, DO, PA, or NP licensed in NC. If a medical evaluation is completed this must be attested to at the beginning of the health screening section before moving to Section III. The person attesting to this needs to check the box, print and sign their name, and write in the date and time and their credentials at the top of the health screening section. A non-medical first level commitment examiner can sign to attest that a medical evaluation was completed provided it can be confirmed that such an evaluation was completed and documented in the individual’s medical record.
* The Health Screening section of the form must be completed at the time of the first examination and at the same physical location as the first examination.
* The person obtaining the vital signs is required to document the vitals, print and sign their name, and write in the date and time and their credentials. The person collecting the vital signs does not have to be the Commitment Examiner.
* If there is nothing to list in a box, indicate such. For example, if there is no known or reported medical history, write in NONE.
* If the individual does not meet any of the criteria in the check box list, make sure to check the *None of the above* box.
* The person that completed the health screening needs to print and sign their name, write in the date and time and their credentials.

**24 Hour Facility Exam for Involuntary Commitment**

* This form must be completed within 24 hours of arrival at a 24-hour IVC-Designated mental health or substance use treatment facility/unit.
* The NEW form must be used starting October 1, 2019 and is available on the website [IVC Commitment Forms](https://www.ncdhhs.gov/ivc).
* For mental health commitment this form can only be completed by an MD/DO.
* For substance use commitment this form can be completed by a Qualified Professional, but if the first examination was completed by a Commitment Examiner who is NOT an MD/DO, the qualified professional must be an MD/DO.
* The 24 Hour Facility Exam for Involuntary Commitment must be completed face to face and cannot be completed using telemedicine.