

|                       |
|-----------------------|
| County _____          |
| Client Record # _____ |
| File # _____          |

## 24 HOUR FACILITY EXAM FOR INVOLUNTARY COMMITMENT<sup>∞</sup>

|   |             |              |                     |               |              |
|---|-------------|--------------|---------------------|---------------|--------------|
| <b>Name of Respondent</b>                               | <b>DOB</b>  | <b>Age</b>   | <b>Sex</b>          | <b>Race</b>   | <b>M.S.</b>  |
| <b>Address (Street or Box Number)</b>                   | <b>City</b> | <b>State</b> | <b>Zip</b>          | <b>County</b> | <b>Phone</b> |
| <b>Legally Responsible Person or Next of Kin (Name)</b> |             |              | <b>Relationship</b> |               |              |
| <b>Address (Street or Box Number)</b>                   | <b>City</b> | <b>State</b> | <b>Zip</b>          | <b>County</b> | <b>Phone</b> |
| <b>Petitioner (Name)</b>                                |             |              | <b>Relationship</b> |               |              |
| <b>Address (Street or Box Number)</b>                   | <b>City</b> | <b>State</b> | <b>Zip</b>          | <b>County</b> | <b>Phone</b> |

### EXAMINATION INFORMATION

**The second examination and evaluation for the above-named respondent:**

**was conducted on** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YYYY) **at** \_\_\_\_ : \_\_\_\_  **A.M.**  **P.M.**

**was conducted:**  
 In person at the following facility \_\_\_\_\_ **OR**  Via means of telehealth<sup>^</sup>

**Included in the examination was an assessment of the respondent's:**

(1) Current and previous mental illness and intellectual disability including, if available, previous treatment history; (2) Dangerousness to self or others as defined in G.S.122C-3 (11\*); (3) Ability to survive safely without inpatient commitment, including the availability of supervision from family, friends, or others; and (4) Capacity to make an informed decision concerning treatment.

(1) Current and previous substance abuse including, if available, previous treatment history; and (2) Dangerousness to self or others as defined in G.S.122C-3 (11\*).

**The following findings and recommendations are made based on this examination:**

### SECTION I – CRITERIA FOR COMMITMENT

**It is my opinion that the respondent meets the criteria for the selected type of commitment as the respondent is:**

|  |  |   |
|--|--|---|
| <input type="checkbox"/> <b>Inpatient</b><br><i>(2<sup>nd</sup> Exam – Physician ONLY)<sup>∞</sup></i><br><input type="checkbox"/> An individual with a mental illness;<br><input type="checkbox"/> Dangerous to:<br><input type="checkbox"/> Self <i>or</i><br><input type="checkbox"/> Others;<br><input type="checkbox"/> In addition to having a mental illness is also intellectually disabled;<br><input type="checkbox"/> None of the above | <input type="checkbox"/> <b>Outpatient</b><br><i>(2<sup>nd</sup> Exam – Physician ONLY)<sup>∞</sup></i><br><input type="checkbox"/> An individual with a mental illness;<br><input type="checkbox"/> Capable of surviving safely in the community with available supervision;<br><input type="checkbox"/> Based upon the respondent's treatment history, the respondent is in need of treatment in order to prevent further disability or deterioration which would predictably result in dangerousness as defined by G.S. 122C-3 (11*);<br><input type="checkbox"/> Current mental status or the nature of his/her illness limits or negates his/her ability to make an informed decision to seek treatment voluntarily or comply with recommended treatment;<br><input type="checkbox"/> None of the above | <input type="checkbox"/> <b>Substance Abuse</b><br><i>(2<sup>nd</sup> Exam – Physician if 1<sup>st</sup> exam was not done by a Physician; Qualified Professional if Physician performed first exam)</i><br><input type="checkbox"/> A Substance Abuser;<br><input type="checkbox"/> Dangerous to:<br><input type="checkbox"/> Self <i>or</i><br><input type="checkbox"/> Others;<br><input type="checkbox"/> None of the above |
|--|--|---|

<sup>∞</sup> Physician performing the 2<sup>nd</sup> exam cannot be the same physician that completed the 1<sup>st</sup> exam or the emergency certificate (G.S. 122C-262 or G.S. 122C-263) (G.S. 122C-266(a)).

<sup>^</sup>For telehealth examinations only: I certify to a reasonable degree of medical certainty that the results of the examination via means of telehealth were the same as if I had been personally present with the respondent **OR** The respondent needs to be taken for a face-to-face examination.

|   |      |
|---|------|
| Name of Respondent:   | DOB: |
| <b>SECTION II – DESCRIPTION OF FINDINGS</b>   |      |
| Clear description of findings (findings for each criterion checked in Section I must be described): |      |
|   |      |
| Impression/Diagnosis:   |      |

**\*STATUTORY DEFINITIONS for Form No. DMH 5-72-19-2**

**Dangerous to others.** - Within the relevant past, the individual has inflicted or attempted to inflict or threatened to inflict serious bodily harm on another, or has acted in such a way as to create a substantial risk of serious bodily harm to another, or has engaged in extreme destruction of property; and that there is a reasonable probability that this conduct will be repeated. Previous episodes of dangerousness to others, when applicable, may be considered when determining reasonable probability of future dangerous conduct. Clear, cogent, and convincing evidence that an individual has committed a homicide in the relevant past is prima facie evidence of dangerousness to others.

**Dangerous to self.** - Within the relevant past the individual has done any of the following: (1) acted in such a way as to show all of the following: (I) The individual would be unable without care, supervision, and the continued assistance of others not otherwise available, to exercise self-control, judgment, and discretion in the conduct of the individual's daily responsibilities and social relations or to satisfy the individual's need for nourishment, personal or medical care, shelter, or self-protection and safety. (II) There is a reasonable probability of the individual suffering serious physical debilitation within the near future unless adequate treatment is given. A showing of behavior that is grossly irrational, of actions that the individual is unable to control, of behavior that is grossly inappropriate to the situation, or of other evidence of severely impaired insight and judgment shall create a **prima facie** inference that the individual is unable to care for himself or herself. (2) The individual has attempted suicide or threatened suicide and that there is a reasonable probability of suicide unless adequate treatment is given. (3) The individual has mutilated himself or herself or attempted to mutilate himself or herself and that there is a reasonable probability of serious self-mutilation unless adequate treatment is given. NOTE: Previous episodes of dangerousness to self, when applicable, may be considered when determining reasonable probability of physical debilitation, suicide, or self-mutilation.

**Local management entity/managed care organization or LME/MCO.** - A local management entity that is under contract with the Department to operate the combined Medicaid Waiver program authorized under Section 1915(b) and Section 1915(c) of the Social Security Act.

**Local management entity or LME.** - An area authority.

**Mental illness.** - When applied to an adult, an illness which so lessens the capacity of the individual to use self-control, judgment, and discretion in the conduct of the individual's affairs and social relations as to make it necessary or advisable for the individual to be under treatment, care, supervision, guidance or control. When applied to a minor, a mental condition, other than an intellectual disability alone, that so lessens or impairs the minor's capacity to exercise age adequate self-control and judgment in the conduct of the minor's activities and social relationships so that the minor is in need of treatment.

**Qualified professional.** - Any individual with appropriate training or experience as specified by the General Statutes or by rule of the Commission in the fields of mental health or developmental disabilities or substance abuse treatment or habilitation, including physicians, psychologists, psychological associates, educators, social workers, registered nurses, certified fee-based practicing pastoral counselors, and certified counselors 122C-3(31).

**Substance abuser.** - An individual who engages in the pathological use or abuse of alcohol or other drugs in a way or to a degree that produces an impairment in personal, social, or occupational functioning. Substance abuse may include a pattern of tolerance and withdrawal.

Name of Respondent:

DOB:

**SECTION III – RECOMMENDATION FOR DISPOSITION**

**Inpatient Commitment** for \_\_\_\_\_ days (*respondent must have a mental illness and dangerous to self or others*)

**Outpatient Commitment** (*respondent must meet ALL of the first four criteria outlined in Section I, Outpatient*)

Proposed Outpatient Treatment Center or Physician: (Name) \_\_\_\_\_

(Address & Phone Number) \_\_\_\_\_

**Substance Abuse Commitment** (*respondent must meet both criteria outlined in Section I, Substance Abuse*)

Release respondent pending hearing – Referred to: \_\_\_\_\_

Hold respondent at 24-hour facility pending hearing – Facility: \_\_\_\_\_

Respondent or Legally Responsible Person Consented to Voluntary Treatment

Respondent does not meet the criteria for commitment but custody order states that the respondent was charged with a violent crime, including a crime involving assault with a deadly weapon, and that he was found incapable of proceeding; therefore, the respondent will not be released until so ordered following the court hearing.

Release respondent and Terminate Proceedings (insufficient findings to indicate that respondent meets commitment criteria)

This is to certify that this is a true and exact copy of the Examination and Recommendation for Involuntary Commitment

\_\_\_\_\_  
Signature of MD/DO

\_\_\_\_\_  
Print Name of MD/DO

\_\_\_\_\_  
Signature of Qualified Professional  
(*Substance Abuse Evaluation ONLY if 1<sup>st</sup> evaluation completed by MD/DO*)

\_\_\_\_\_  
Print Name of Qualified Professional

\_\_\_\_\_  
Address of Facility

\_\_\_\_\_  
City and State

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Original Signature – Record Custodian

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address of Facility

\_\_\_\_\_  
Date

CC: Clerk of Superior Court where petition was initiated; Clerk of Superior Court where 24-hour facility is located or where outpatient treatment is supervised; Respondent or Respondent's Attorney and State's Attorneys, when applicable; Proposed Outpatient Treatment Center or Physician (Outpatient Commitment); Area Facility/Physician (Substance Abuse Commitment). NOTE: If it cannot be reasonably anticipated that the clerk will receive the copies within 48 hours of the time that it was signed, the examiner shall communicate his findings to the clerk by telephone.