

CAUSE NO. _____

**THE STATE OF TEXAS
FOR THE BEST INTEREST
AND PROTECTION OF**

§
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§
§

IN THE COUNTY COURT

AT LAW NO. 2 OF

(use initials only)

HUNT COUNTY, TEXAS

CERTIFICATE OF MEDICAL EXAMINATION FOR MENTAL ILLNESS

Temporary Mental Health Services

Extended Mental Health Services

My name is _____, M.D. I am a person licensed to practice medicine in the State of Texas, or a person employed by an agency of the United States, having a license to practice medicine in any State of the United States, being duly sworn, state upon oath, to-wit:

1. My address is: _____

In accordance with the Texas Rules of Civil Evidence, Rule 510

I did, prior to my examination of _____,

First

Middle

Last

hereafter referred to as Proposed Patient, tell him / her that anything said to me or observations made by me of the Proposed Patient during the initial, or any later examination would be used in a Court of Law and *are not* privileged.

2. On the ___ day of _____, 20___, I examined and evaluated the proposed patient, at the following location: _____

3. The proposed patient's address is: _____

4. The proposed patient has been under my care for the following period of time:

5. A brief diagnosis of the proposed patient's physical and mental condition on said date is:

6. An accurate description of the mental health treatment, if any, given by or administered under the direction of the examining physician is as follows:

In accordance with the Texas Health and Safety Code and §574.022, if requesting an Order of Protective Custody for the patient to be immediately restrained pending the hearing

Please Check All That Apply:

7. I am of the opinion that the Proposed Patient presents a substantial risk of serious harm to self or others if not immediately restrained, which is demonstrated by:

(a) the Proposed Patient's behavior

(b) evidence of severe emotional distress and deterioration in mental condition to the extent that the Proposed Patient cannot remain at liberty.

The proposed patient was Voluntarily admitted as detailed in the following section:

ONLY Complete this Question IF the proposed patient was Admitted Voluntarily for Inpatient Services to your Mental Health Facility.

In accordance with the Texas Health and Safety Code §572.005.

Please Check All That Apply and provide a detailed factual basis:

An application for Court-Ordered Mental Health Services may not be filed against a patient receiving voluntary inpatient services unless:

(1) a request for release of the Patient has been filed with _____,
the Facility Administrator at (time) _____ on (date) _____
OR

(2) in my opinion as the physician responsible for the patient's treatment, the patient meets the criteria for Court-Ordered Mental Health Services because he/she is:

AND:

(A) was absent from the facility without authorization;
explain how absence occurred;

(B) is unable to consent to appropriate and necessary psychiatric treatment,
due to;

OR

(C) the patient refuses to consent to the necessary and appropriate treatment I am recommending. I am completing this Certificate of Medical Examination for Mental Illness, to include my opinion that:

there is no reasonable alternative to the treatment recommendation I have made, and the patient will not benefit from continued inpatient care without this recommended treatment, due to the following facts:

In my opinion, this recommendation is the least restrictive-most effective treatment available to this patient, due to the following facts:

(3) I, the physician responsible for the patient's treatment, *shall* and *will* notify the patient of my intention to file an Application for Court-Ordered Mental Health Services.

In accordance with the Texas Health and Safety Code §574.034 Inpatient Commitment please check all criteria that apply:

8. I am of the opinion that the Proposed Patient is mentally ill, and that as a result of that illness meets the following additional criteria:
- (a) Likely to cause serious harm to self OR
 - (b) Likely to cause serious harm to others OR
 - (c) is suffering severe and abnormal mental, emotional or physical distress;
is experiencing substantial mental or physical deterioration of his ability to
function independently, which is exhibited by the Proposed Patient's inability,
except for reasons of indigence, to provide for his / her basic needs, including
food, clothing, health, or safety; and,
 - (d) is unable to make a rational and informed decision as to whether or not to submit
to treatment.
 - (e) The Proposed Patient has an inability to participate in outpatient treatment
services effectively and voluntarily

In accordance with the Texas Health and Safety Code §574.035 Extended Inpatient Commitment please check the following criteria:

- (a) The patient's condition is expected to continue for more than 90 days; and
- (b) The Proposed Patient has received court-ordered inpatient mental health
services under Subtitle §574.034 or §574.035, Texas Health and Safety
Code or under Chapter §46B, Code of Criminal Procedure, for at least 60
consecutive days during the preceding 12 months.

The detailed basis of this opinion is as follows:

See Attached as Incorporated

In accordance with the Texas Health and Safety Code §574.0345 Outpatient Commitment please check all criteria that apply:

9. I have found appropriate mental health services available to the proposed patient; and the proposed patient is a person with mental illness;
- (A) the proposed patient is a person with severe and persistent mental illness;
 - (B) as a result of the mental illness, the proposed patient will, if not treated, experience deterioration of the ability to function independently to the extent that the proposed patient will be unable to live safely in the community without court-ordered outpatient mental health services;
 - (C) outpatient mental health services are needed to prevent a relapse that would likely result in serious harm to the proposed patient or others; and
 - (D) the proposed patient has an inability to participate in outpatient treatment services effectively and voluntarily, demonstrated by:
 - (i) any of the proposed patient's actions occurring within the two-year period that immediately precedes the hearing; or
 - (ii) specific characteristics of the proposed patient's clinical condition that significantly impair the proposed patient's ability to make a rational and informed decision whether to submit to voluntary outpatient treatment.

In accordance with the Texas Health and Safety Code §574.0355 Extended Outpatient Commitment please check the following criteria:

- (a) The patient's condition is expected to continue for more than 90 days; *and*
- (b) The proposed patient has received; court-ordered inpatient mental health services under this subtitle or under Subchapter D or E, Chapter 46B, Code of Criminal Procedure, for a total of at least 60 days during the preceding 12 months; or court-ordered outpatient mental health services under this subtitle or under Subchapter D or E, Chapter 46B, Code of Criminal Procedure, during the preceding 60 days.

The detailed basis of this opinion is as follows:

See Attached as Incorporated

In accordance with the Texas Health and Safety Code and §574.034 (g), if the proposed patient requires treatment for longer than forty-five (45) days, please give a detailed explanation and facts to support this opinion.

10. An order of temporary inpatient or outpatient mental health services shall state that treatment is authorized for not longer than 45 days, except that the order may specify a period not to exceed 90 days if the judge finds that the longer period is necessary.

The detailed explanation and facts forming this opinion are as follows

See Attached as Incorporated

The factual basis for my opinions as stated herein is set forth in detail in the attached Affidavit which is incorporated herein by reference as if set out verbatim herein.

SIGNED this ____ day of _____, 20__.

Physician Signature

SWORN TO AND SUBSCRIBED BEFORE ME,
on the ____ day of _____, 20__.

Notary Public, State of Texas

CAUSE NO. _____

**STATE OF TEXAS
COUNTY OF HUNT**

**PHYSICIAN AFFIDAVIT
FOR _____ PROPOSED PATIENT**

BEFORE ME, the undersigned authority, on this day personally appeared _____, who being by me duly sworn did depose and say as follows:
"My name is _____. I am a licensed physician, licensed to practice in the State of Texas. I am the examining physician, who has signed the Certificate of Medical Examination to which this Affidavit is attached. My opinions expressed in said Certificate are based upon the following *facts*:"

My Recommendations are as follows:

See Attached as Incorporated

The above stated facts are based upon my personal observation, the observation of others, and information supplied by various other individuals. It is standard medical practice this day and age in Denton County, Texas, to rely on such observation and information in reaching the opinions as stated in the attached Certificate. I have read this Affidavit and each and every statement contained herein is, within my personal knowledge, true and correct except those which are made, and so designated above as being made, upon information and belief, such statements are believed to be true and correct.

SIGNED this ____ day of _____, 20__.

Affiant

SWORN TO AND SUBSCRIBED BEFORE ME,

on the ____ day of _____, 20__.

Notary Public, State of Texas