

**Attachment A**  
**Mental Health Emergency Assessment**

(Supplemental Document to Emergency Admittance pursuant to Certificate of a Peace Officer)

**Client Name:** \_\_\_\_\_ **Therapist's Name:** \_\_\_\_\_  
**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Location:** \_\_\_\_\_  
**DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Marital Status:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_  
**Employment Status:** \_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Social support system:** \_\_\_\_\_

**Outpatient Therapist:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Chief complaint/symptoms:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Affect/Mood:** \_\_\_\_\_  
Delusional\_\_ Hallucinating\_\_ Disorganized\_\_ Paranoid\_\_ Manic\_\_ Depressed\_\_ Anxious\_\_ Angry\_\_  
Orientation: 1 2 3 4 LOC: \_\_\_\_\_ Insight/judgement: \_\_\_\_\_ Memory: \_\_\_\_\_  
Intoxicated? Yes\_\_ No\_\_ **Substance used/amt:** \_\_\_\_\_  
**History of substance use:** \_\_\_\_\_

**Psychiatric history:** \_\_\_\_\_

**Physical conditions/illness:** \_\_\_\_\_

**Medications:** \_\_\_\_\_

**Suicide/Homicide:**

**Ideation:** \_\_\_\_\_  
**Plan:** \_\_\_\_\_  
**Intent:** \_\_\_\_\_  
**Gestures:** \_\_\_\_\_  
**Accessibility:** \_\_\_\_\_  
**Previous attempts/gestures:** \_\_\_\_\_  
**Family history of suicide:** \_\_\_\_\_  
**Violence history:** \_\_\_\_\_

**Intent to harm others:** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **200** \_\_\_\_\_  
(LMHP, NP, PhD, MD)

(Attach this form to EPC Certificate)