

County \_\_\_\_\_

File # \_\_\_\_\_

Client Record # \_\_\_\_\_

Film # \_\_\_\_\_

**EXAMINATION AND RECOMMENDATION TO  
 DETERMINE  
 NECESSITY FOR INVOLUNTARY COMMITMENT**

Name of Respondent:	Age	DOB	Sex	Race	M.S.
Address (Street, Box Number, City, State, Zip (use facility address after 1 year in facility):			County:		
			Phone:		
Legally Responsible Person <input type="checkbox"/> Next of Kin (Name and Address)			Relationship:		
			Phone:		
Petitioner (Name and address)			Relationship:		
			Phone		

The above-named respondent was examined on \_\_\_\_\_, 20\_\_ at \_\_\_\_\_ o'clock \_\_\_\_.M. at \_\_\_\_\_  
 \_\_\_\_\_ OR, I examined the respondent via telemedicine technology on \_\_\_\_\_ 20\_\_ at  
 \_\_\_\_\_ o'clock \_\_\_\_.M. Included in the examination was an assessment of the respondent's:  (1) current and previous mental illness or  
 mental retardation 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 himself or others as defined in G.S. 122C-3 (11\*). The following findings and recommendations are made based on  
 this examination. For telemedicine evaluations only:  I certify to a reasonable degree of medical certainty that the results of the examination  
 via telemedicine were the same as if I had been personally present with the respondent OR  The respondent needs to be taken to a facility for  
 a face to face evaluation. (\*Statutory Definitions are on reverse side)

**SECTION I - CRITERIA FOR COMMITMENT**

**Inpatient.** It is my opinion that the respondent is:  mentally ill;  dangerous to self;  dangerous to others  
 (1<sup>st</sup> Exam – Physician or Psychologist)  in addition to being mentally ill is also mentally retarded  
 (2<sup>nd</sup> Exam – Physician only)  none of the above

**Outpatient.** It is my opinion that:  the respondent is mentally ill  
 (Physician or Psychologist)  the respondent is capable of surviving safely in the community with available supervision  
 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\*)  
 the respondent's current mental status or the nature of his illness limits or negates his/her  
ability to make an informed decision to seek treatment voluntarily or comply with  
recommended treatment  
 none of above

**Substance Abuse.** It is my opinion that the respondent is:  a substance abuser  
 (1<sup>st</sup> Exam – Physician or Psychologist; 2<sup>nd</sup> Exam – If 1<sup>st</sup>  dangerous to himself or others  
 exam done by Physician, 2<sup>nd</sup> exam may be done by Qual. Prof.)  none of the above

**SECTION II – DESCRIPTION OF FINDINGS**

Clear description of findings (findings for each criterion checked above in Section I must be described):

over

Notable Physical Conditions:

Current Medications (medical and psychiatric)

Impression/Diagnosis:

**SECTION III - RECOMMENDATION FOR DISPOSITION**

- Inpatient Commitment for \_\_\_\_\_ days (respondent must be mentally ill **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 and Phone Number) \_\_\_\_\_
- \_\_\_\_\_
- LME notified of appointment: (Name of LME and date) \_\_\_\_\_
- 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 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 not guilty by reason of insanity or incapable of proceeding: therefore, the respondent will not be released until so ordered following the court hearing.
- Respondent or Legally Responsible Person Consented to Voluntary Treatment
- Release Respondent and Terminate Proceedings (insufficient findings to indicate that respondent meets commitment criteria)
- Respondent was held 7 days from issuance of custody order but continues to meet commitment criteria. A new petition will be filed.
- Other (*Specify*) \_\_\_\_\_

<p>_____ M.D. Physician Signature</p> <p>_____ Signature/Title – Eligible Psychologist/Qualified Professional</p> <p>_____ Print Name of Examiner</p> <p>_____ Address or Facility</p> <p>_____ City and State</p> <p>_____ Telephone Number</p>	<p>This is to certify that this is a true and exact copy of the Examination and Recommendation for Involuntary Commitment</p> <p>_____ Original Signature – Record Custodian</p> <p>_____ Title</p> <p>_____ Address or Facility</p> <p>_____ Date</p> <p><b>NOTE:</b> Only copies to be introduced as evidence need to be certified</p>
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CC: Clerk of Superior Court where petition was initiated (initial hearing only)  
 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 Program / 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 physician or eligible psychologist/qualified professional shall communicate his findings to the clerk by telephone.

**\*STATUTORY DEFINITIONS**

**“Dangerous to self”**. Within the relevant past: (a) the individual has acted in such a way as to show: (1) that he 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 his daily responsibilities and social relations or to satisfy his need for nourishment, personal or medical care, shelter, or self-protection and safety; and (2) that there is a reasonable probability of his 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 (b) the individual has attempted suicide or threatened suicide and that there is a reasonable probability of suicide unless adequate treatment is given; or (c) the individual has mutilated himself or attempted to mutilate himself 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.

**“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.

**“Mental illness”**. (a) 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 his affairs and social relations as to make it necessary or advisable for him to be under treatment, care, supervision, guidance or control; and (b) when applied to a minor, a mental condition, other than mental retardation alone, that so lessens or impairs the youth’s capacity to exercise age adequate self-control and judgment in the conduct of his activities and social relationships so that he is in need of treatment.

**“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.