Georgia Department of Corrections

Certificate of Referral for Emergency Admission Into a Psychiatric Hospital

The Referral Is Made Pursuant to Procedures for Admission of Seriously Mentally Ill Offenders for the Purpose of Receiving Psychiatric Treatment.

1 2 7				
For Emergency Referral				
This is to certify that, within the preceding 24 hours, I have persoffender GDC I.D. Number at am/pm and found that, based upon detailed psychiatric emergency. A psychiatric emergency is one in which disorder of thought or mood which significantly impairs judgment ability to cope with the ordinary demands of life AND (1) present themselves or others as manifested by recent overt acts or recent a probability of physical injury to themselves or to other persons physical health and safety as to create an imminently life-endant	on observations set forth below the offender is mentally ent, behavior, capacity to recessents a substantial risk of in expressed threats of violences, or (2) who is so unable to c	y, they present a ill, that is, has a ognize reality, or naminent harm to e which presents		
My opinion is based on the following observations.*				
(A) Evidence of Mental Illness:				

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Retention Schedule: Completed forms shall be given to the Psychiatric Hospital (original), a copy placed in the offender's mental health file (section 5) and medical file (section 5). At the end of the offender's need for mental health services and/or sentence, the mental health file will be placed within the offender's health record and retained for 10 years.

(B) Evidence of C	Criteria Substantiating	One and Two:
(_, _,_,_,_,		,
* Attach Additional I	Jasumantation of Na	22222
* Attach Additional I	Jocumentation as the	cessary.
I declare the foregoing to be a true and accurate statement.		
ractiate the foregoing to be a true and accurate statement.		
Date		Signature / Printed Name
	am/pm	
Time		Title
Facility		
Facility		

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