

SACO POLICE DEPARTMENT

REQUEST FOR EMERGENCY CRISIS TRANSPORT

Request:

Pursuant to 34-B M.R.S. § 3862(1), I, _____ (medical practitioner name), being a duly (select one): Licensed Physician; Licensed Physician Assistant; Certified Psychiatric Clinical Nurse Specialist; Certified Nurse Practitioner; Licensed Clinical Psychologist; Licensed Clinical Social Worker; or Licensed Clinical Professional Counselor, believe there is probable cause to demonstrate that:

(patient's full name) _____ (DOB) _____ is mentally ill and that due to that condition the person poses a likelihood of serious harm to themselves or to other persons; therefore, I request the Saco Police Department take this patient into protective custody for the purpose of transporting them to Southern Maine Health Care for further evaluation and potential psychiatric hospitalization.

Supporting Facts:

I hereby attest that, in my professional opinion, the proposed patient is a mentally ill person, exhibiting the following symptoms:

I hereby attest that, in my professional opinion, the proposed patient's recent actions and behaviors (not symptoms), show that the proposed patient's illness poses a likelihood of serious harm to themselves or to other persons:

Describe recent threats or attempts of suicide or self-inflicted harm:

Describe recent homicidal or violent behavior or recent conduct placing others in reasonable fear of serious physical harm:

Describe recent behavior and how it shows inability to avoid risk or protect self from severe physical or mental harm:

I am aware the proposed patient has an Advanced Healthcare Directive and, in my professional opinion, lacks the capacity for self-care.

I have confirmed that adequate community resources are unavailable for care and treatment of the patient's mental illness; and/or the patient is unwilling to go to the hospital on their own accord.

I have attached any supporting documentation.

(medical practitioner signature)

(license number)

(date)

(time)

(contact number)