



EMERGENCY MENTAL HEALTH HOLD APPLICATION

C.R.S 27-65-106, as amended.

Date/Time Involuntarily Detained:

Individual's Name: Case/Event No. (Law Enforcement Only):

Address (Street, City, County, State, Zip Code): Date Of Birth: Primary Language:

Place Of Contact: Race/Ethnicity: Sex: Gender Identity:

Current Psychiatric Care (where/provider name):

Previous Psychiatric Care (where/provider name/when):

Name Of Person Reporting Individual's Condition to Undersigned:

Nearest Relative (Name): Relationship:

Address (Street, City, County, State, Zip Code): Phone:

Individual's Presenting Symptoms *(Select all that support probable cause for emergency procedures)*

<p>Physical Activity:</p> <p><input type="checkbox"/> Agitated <input type="checkbox"/> Elevated</p> <p><input type="checkbox"/> Lethargic <input type="checkbox"/> Isolated</p>	<p>Emotional Reaction/Attitude:</p> <p><input type="checkbox"/> Aggressive <input type="checkbox"/> Suspicious <input type="checkbox"/> Excited <input type="checkbox"/> Withdrawn</p> <p><input type="checkbox"/> Euphoric <input type="checkbox"/> Sad <input type="checkbox"/> Angry <input type="checkbox"/> Manic</p> <p><input type="checkbox"/> Confused <input type="checkbox"/> Indifferent <input type="checkbox"/> Scared</p>
<p>Dress/Hygiene: <input type="checkbox"/> Clean <input type="checkbox"/> Dirty</p> <p><input type="checkbox"/> Tidy <input type="checkbox"/> Unkempt</p> <p><input type="checkbox"/> Eccentric</p> <p><input type="checkbox"/> Inappropriate</p>	<p>Speech:</p> <p><input type="checkbox"/> Screaming <input type="checkbox"/> Over-talkative <input type="checkbox"/> Dramatic <input type="checkbox"/> Mumbling</p> <p><input type="checkbox"/> Rambling <input type="checkbox"/> Under-talkative <input type="checkbox"/> Forceful <input type="checkbox"/> Silent</p> <p><input type="checkbox"/> Nonsensical <input type="checkbox"/> Shouting <input type="checkbox"/> Controlled <input type="checkbox"/> Monotone</p> <p><input type="checkbox"/> Illogical <input type="checkbox"/> Normal <input type="checkbox"/> Variable</p>

Expressions:

<input type="checkbox"/> Suicidal thoughts	<input type="checkbox"/> Grandiose ideas	<input type="checkbox"/> Suspicious or Paranoid
<input type="checkbox"/> Homicidal thoughts	<input type="checkbox"/> Bizarre Complaint	<input type="checkbox"/> Unusual sexual ideas
<input type="checkbox"/> Hearing voices	<input type="checkbox"/> Overly self-critical	<input type="checkbox"/> Seeing things
<input type="checkbox"/> Ideas of being persecuted	<input type="checkbox"/> Disregard for Danger	<input type="checkbox"/> Flat, lack of expression

<p>Does individual:</p> <p>Know who they are? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Where they are? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Understand reason for hold? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Access to weapon(s)?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>
<p>Type(s), Location(s) of weapon(s):</p>	

Individual's Name: _____ **DOB:** _____ **Date/Time:** _____

NARRATIVE REPORT (Additional information that supports probable cause to invoke the emergency procedure):

The individual appears to have a mental health disorder and, as a result of such mental health disorder, appears to be an **imminent danger** **to others**, the **individual's self**, or appears to be **gravely disabled**. The circumstances, behaviors, and presentations observed by the undersigned shows probable cause to take the individual into custody are as follows:

TREATMENT AND EVALUATION LOCATION: Pursuant to the provisions of SECTION 27-65-106, C.R.S., as amended, the individual was taken into custody by the undersigned and detained for 72-hour treatment and evaluation at (facility name and address):

Is the individual responsible for any persons or pets? If yes, please provide additional details.
 No Yes: _____

Is the individual responsible for any property (such as temporary housing) which may be jeopardized by their detainment? If yes, please provide additional details.
 No Yes: _____

Printed Name:	Title:	Contact:
Signature:	Agency:	Badge or CO License No.:
Co-Signer Printed Name:	Title:	Contact:
Co-Signer Signature:	Agency:	Badge or CO License No.:

<p>**NOTICE TO INDIVIDUAL: Section 27-65-106(5), the time period for evaluation and treatment are not to exceed seventy-two (72) hours, excluding Saturdays, Sundays, and holidays if evaluation and treatment services are not available those days.**</p>	<p>Required Copies Provided to:</p> <input type="checkbox"/> Receiving Facility <input type="checkbox"/> Individual <input type="checkbox"/> Records
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Hold Discontinued (date/time): _____