

CVH-344
New 5/18

PATIENT DATA FOR EVALUATION/ADMISSION FROM CVH TO
_____ Hospital

INSTRUCTIONS: *To be completed by licensed physician on staff from Connecticut Valley Hospital.*

_____ is being referred from Unit

for the following medical or surgical conditions:

1. Psychiatric Diagnosis:
 - a. Escape Risk
 - b. Danger to Self
 - c. Danger to Others
2. Patient's Legal Status:
 - a. Voluntary
 - b. Involuntary

Type of Commitment _____
3. Ability to Give Informed Consent:
 - a. This patient has been declared legally incompetent by the Probate Court and has a conservator of person.
Yes _____ No _____
 - b. Patient is considered psychologically incapable of giving informed consent .
Yes _____ No _____

If Yes to 3a or 3b, permission is to be obtained from one of the following:

- a. Next of Kin
 - b. Guardian/Conservator
 - c. Physician appointed by the Judge of Probate
 - d. Chief Executive Officer, for emergency care
4. Connecticut Valley Hospital has notified:

Next of Kin or Guardian (Name) _____

Relationship to Patient _____

Address _____

Phone _____

Signature of Physician Completing Form

Date

Connecticut License Number

Distribution: **WHITE** - Hospital

YELLOW - Chart (Physical Health Section)