

**THE FOLLOWING FORM CAN BE USED BY THE FACILITY
REPRESENTATIVE WHEN PRESENTING INFORMATION AT THE
PROBABLE CAUSE HEARING**

Patient's Name: _____ Admission Date: _____

Date of 5150 _____ Written by: Police Mobile Eval Team E.R. Facility
Other _____

Criteria: Danger to Self (DTS) Danger to Others (DTO) Gravely Disabled (GD)

Summary of Facts:

Treating Physician: _____

Behavior during 72 HRS:

CONSERVATORSHIP? Conservator's name: _____ Power 7 _____
Date it Expires

VOLUNTARY? Willing: Yes No Able: Yes No

Date: 5250 _____ 5270 _____

Criteria: Danger to Self (DTS) Danger to Others (DTO) Gravely Disabled (GD)

Diagnosis: _____

MEDICATION	DOSAGE	FREQUENCY	DURATION
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BEHAVIORS (Give details and connect them to the mental illness):

PLEASE NOTE: Dangerous behavior is **NOT** limited to the patient's behavior during hospitalization. Behaviors prior to current hospitalization or previous hospitalization(s) maybe important for the hearing officer to consider. Every effort should be made to present information with sensitivity and kindness. There is no need to repeat similar facts over and over. Positive

behavior and areas of improvement since admission should also be mentioned. This will not “lose” the “case” and will help the patient’s self-esteem.

DTS (NOT just suicidal attempt e.g. leaving gas on, walking in traffic etc.)

OVER DOSE WEAPONS IDEATION ATTEMPTED

PLACING SELF IN DANGEROUS SITUATIONS

DTO (NOT just direct threat or assaultive behavior e.g. leaving gas on where others reside setting fires etc.)

SECLUSION/RESTRAINTS

DATES:

REASON(S): SELF DESTRUCTIVE

ASSAULTIVE

AGITATED/OUT OF

CONTROL DESTRUCTIVE OF PROPERTY

RESTRAINING ORDER

TARASOFF

GD:

FOOD _____

SLEEPING _____

ADLS _____

CLOTHING _____

SHELTER _____

Prior to hospitalization patient lived: Independent with family/friend Board & Care SNF
Homeless Other_____

If this person were released today they would live: Independent with family/friend Board &
Care SNF Homeless Other_____

INCOME: SOURCE_____ AMOUNT_____

LAST HOSPITALIZED: _____ REASON(S):

DATE

NUMBER OF PREVIOUS HOSPITALIZATIONS: _____

NOTE IT MIGHT ALSO BE HELPFUL TO SEE SECTION 4 OF THIS HANDBOOK
“BEHAVIORAL VARIABLES TO CONSIDER”