**Second Certification by a Psychiatrist**

1. **IDENTIFYING INFORMATION:**

Patient’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient’s Current Location:

* Brattleboro Memorial Hospital
* Copley Hospital
* Central Vermont Medical Center
* Gifford Medical Center
* Grace Cottage Hospital
* Mt. Ascutney Hospital
* North Country Hospital
* Northeastern Vermont Regional Hospital
* Northwestern Medical Center
* Porter Hospital
* Rutland Regional Medical Center
* Southwestern Vermont Medical Center
* Springfield Hospital
* University of Vermont Medical Center
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* In-person examination
* Telemedicine examination
1. **MENTAL STATUS EXAM:**

Consciousness Alert Lethargic Somnolent Stuporous Other:

Orientation Intact Impaired (describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Appearance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attitude Cooperative Uncooperative Guarded Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attention/Concentration Good Fair Poor

Psychomotor Normal Slowed Activated Agitated Involuntary Movements

Eye Contact Good Fair Poor

Speech Normal Pressured Rapid Loud Slowed Soft Paucity

 Mute Slurred Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mood \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affect \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Memory Intact Impaired (describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Thought Process/Content: Logical Goal Directed Concrete Circumstantial Tangential Loose Associations Poverty Blocking Slow Flight of Ideas Grandiosity Paranoid ideation Delusions

Perception Normal Hallucinations Ideas of Reference:

Insight Good Fair Poor

Judgment Good Fair Poor

Suicidal Ideations No Yes

Describe:

Homicidal Ideations No Yes

Describe:

1. **EVIDENCE OF ACUTE OR THREATENING DANGEROUS BEHAVIOR (includes recent events, evidence that the person’s behavior poses a danger of imminent harm to self or others):**
2. **EVIDENCE OF MENTAL ILLNESS CONNECTED TO BEHAVIOR IN SECTION III:**
3. **DSM-5 DIAGNOSIS:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that I have today examined this patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and in my opinion, this patient is  is not (check one) a person in need of treatment. I base this opinion on my own examination and on review of the assessment and paperwork done by the physician who initiated the EE process and review of the application for the emergency examination. I have made the statements in this certificate under the pains and penalties of perjury.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certifying Psychiatrist Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certifying Psychiatrist Name

Certifying Psychiatrist Address:

* + Brattleboro Retreat [1 Anna Marsh Lane, Brattleboro, VT 05302]
	+ Central Vermont Medical Center [130 Fisher Road, Berlin, VT 05602]
	+ Rutland Regional Medical Center [160 Allen Street, Rutland, VT 05701]
	+ University of Vermont Medical Center [111 Colchester Avenue, Burlington, VT 05401]
	+ Vermont Psychiatric Care Hospital [350 Fisher Road, Berlin, VT 05663]
	+ Windham Center at Springfield Hospital [1 Hospital Court #12, Bellows Falls, VT 05101]
	+ White River Junction VA Medical Center [215 North Main Street, WRJ, VT 05009]
	+ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please fax completed form to VPCH Admissions: 802-828-2749