MODIFICATION CERTIFICATE

1. I, the undersigned, hereby certify that I am a (please check one) [ ]  psychiatrist, [ ]  resident in psychiatry, [ ]  physician/APRN, [ ]  case manager. The following information regarding the proposed patient is submitted:

NAME OF PATIENT: Click here to enter patient name

|  |  |
| --- | --- |
| PATIENT DATE OF BIRTH: | Click here to enter patient date of birth |
| GENDER: | Click here to enter patient gender |
| ADDRESS OF PATIENT: | Click here to enter patient address line 1 |
|  | Click here to enter patient address line 2 |
| NAME OF PARENT / LEGAL GUARDIAN: | Click here to enter guardian name |
| ADDRESS OF PARENT / LEGAL GUARDIAN: | Click here to enter guardian address line 1 |
|  | Click here to enter guardian address line 2 |

2. What is your relationship to patient? How long have you known the patient?

Click here to enter text

3. What modification is required of the current Order of Non-Hospitalization?

Click here to enter text

4. What facts have you observed and/or were reliably reported to you (identify by whom) that lead you to believe that the current Order of Non-Hospitalization requires modification? What did the patient say? What did the patient do?

Click here to enter text

5. List eye-witnesses to the behavior that is alleged above (if there are additional witnesses please attach the names, addresses and phone numbers of the additional witnesses):

NAME OF WITNESS: Click here to enter witness name

ADDRESS OF WITNESS: Click here to enter witness address

PHONE NUMBER OF WITNESS: Click here to enter witness phone number

NAME OF WITNESS: Click here to enter witness name

ADDRESS OF WITNESS: Click here to enter witness address

PHONE NUMBER OF WITNESS: Click here to enter witness phone number

NAME OF WITNESS: Click here to enter witness name

ADDRESS OF WITNESS: Click here to enter witness address

PHONE NUMBER OF WITNESS: Click here to enter witness phone number

Signed under the penalties of perjury. 13 V.S.A. § 2901.

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| --- | --- |
| January 22nd, 2019 |  |
| Date | SignatureClick here to enter your name |
|  | Print or Type NameClick here to enter your work address |
|  | Work AddressClick or here to enter your work number |
|  | Work Telephone Number |