

Request for Second Certification by a Psychiatrist

The physician signing below hereby requests a telepsychiatry evaluation for the purpose of determining if a patient held on Emergency Examination at the physician's hospital meets the Vermont State statutory definition of a person in need of treatment.

By signing this requisition, the physician acknowledges the following:

1. The telepsychiatry evaluation is limited to the determination of the legal status of the patient, and is limited to providing the second certification by a psychiatrist so that the patient can be held until a hospital bed is available.
2. The telepsychiatry evaluation is not a general psychiatric consultation. The evaluation will not result in a full diagnostic assessment or treatment recommendations.
3. The second certification does not constitute agreement to accept the patient for care at any other hospital.
4. The emergency department currently caring for the patient retains all responsibility for the care and safety of the patient.
5. Should the person not be certified by the psychiatrist as a person in need of treatment, the emergency department requesting this certification retains the responsibility for providing all necessary care and an appropriate discharge plan for the patient. By signing below, the requesting physician understands and agrees that the physician's hospital is assuming the responsibility to safely discharge the patient if the psychiatrist does not determine that the patient is a person in need of treatment.
6. The requesting hospital understands that it remains responsible for filing the Application for Involuntary Treatment in conjunction with DMH legal.

Patient Name: _____

Patient date of birth: _____

Date of request: _____ Time: _____

Emergency Department requesting evaluation: _____

QMHP or Physician requesting evaluation: _____

Please print name

QMHP or Physician signature: _____