

Designated Hospital – Location of Patient

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]

DATE OF EMERGENCY EXAM: _____

DATE SEEN: _____

NAME: _____ **DOB:** _____

RESIDENCE: _____ **REFERRED BY:** _____

ADMISSION STATUS: 72 HOURS HOLD/EMERGENCY EXAM

This is an involuntary admission. I certify that I have today examined this patient and, in my opinion, she/he is a person in need of treatment. I base this opinion on my own examination and on a review of the assessment done by the physician and QMHP who initiated the EE process. I have made the statements in the certificate under the pains and penalties of perjury.

DATE: _____ **TIME:** _____

CERTIFYING PHYSICIAN: _____

PRINT PHYSICIAN NAME: _____