

Second Physician (Psychiatrist) Certification

I. IDENTIFYING INFORMATIONS

Patient Name: _____

Date of Birth: _____ Address: _____

Patient's Current Location: _____

Referred by: _____

Date of Exam: _____ Time of Exam: _____ AM/PM

II. PRESENTING PROBLEM (HISTORY): _____

III. EXAM:

a) Orientation:

b) Cooperation with Interview:

c) Mood:

d) Affect:

e) Thought Process, Content and Organization:

f) Thoughts/intent/plan of harm to self:

g) Thoughts/intent/plan of harm to others

h) Behavior indicative of inability to care for self

IV. **ASSESSMENT/DIAGNOSIS:**

I certify that I have today examined this patient _____, and in my opinion she/he ___ is ___ is not (check or circle one) 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 who initiated the EE process. I have made the statements in this certificate under the pains and penalties of perjury.

Date: _____

Certifying Physician Signature

Time: _____

Certifying Physician Name (please type)

Certifying Physician 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]