



AMPM CHAPTER 300, COVERED SERVICES

AMPM POLICY 320-U, EXHIBIT 320-U-2

APPLICATION FOR EMERGENCY ADMISSION FOR EVALUATION (PURSUANT TO A.R.S. § 36-524)

STATE OF ARIZONA)
COUNTY OF _____)

The undersigned applicant, being first duly sworn/affirmed, hereby requests that _____ admit the person named herein for evaluation. EVALUATION AGENCY

- 1. The undersigned applicant alleges that there is now in the County a person whose name and address are:

NAME ADDRESS

and that s/he believes that the person has a mental disorder and as a result of said mental disorder, is:

- A danger to self; A danger to others;

and that, during the time necessary to complete pre-petition screening under A.R.S. §§ 36-520 and 36-521, the person is likely without immediate hospitalization to suffer serious physical harm or serious illness or is likely to inflict serious physical harm upon another person.

- 2. The conclusion that the person has a mental disorder is based on the following facts:

- 3. The specific nature of the danger posed by this person is:

- 4. A summary of the personal observations upon which this statement is based is as follows:



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PERSONAL DATA OF PROPOSED PATIENT

Age _____ Date of Birth _____ Sex _____ Race _____

Weight _____ Height _____ Hair Color _____ Eye Color _____

Marital Status _____ Number of Children _____

Social Security No. _____ Religion _____

Distinguishing Marks _____

Occupation _____

Present Location _____

Dates and Places of Previous Hospitalization _____

How Long in Arizona _____ State Last From _____

Veteran Yes No C-No. _____ Education _____

NAME, ADDRESS AND TELEPHONE NUMBER OF:

1. Guardian _____

2. Spouse _____

3. Next of Kin _____

4. Significant Other Persons _____

_____ DATE

_____ SIGNATURE OF APPLICANT

Printed or Typed Name of Applicant _____

Relationship to Proposed Patient _____

Applicant's Address _____

Applicant's Telephone _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20__

My Commission Expires: _____

Notary Public