

STATE OF LOUISIANA
LOUISIANA DEPARTMENT OF HEALTH
OFFICE OF BEHAVIORAL HEALTH

PHYSICIAN'S REPORT TO COURT

(LA Revised Statute 28, Section 54, Subsection D)

NAME OF EXAMINING PHYSICIAN:		DATE OF EXAMINATION:		TIME OF EXAMINATION:	
ADDRESS OF EXAMINING PHYSICIAN:					
PATIENT DATA	NAME OF PATIENT				
	ADDRESS OF PATIENT				
	RACE	SEX <input type="checkbox"/> M <input type="checkbox"/> F	Facility in which confined:		Facility case number:
FINDINGS OF EXAMINATION					
1. Objective factors leading to the conclusion that respondent has a mental illness or suffers from substance abuse. (Physical findings and mental condition, such as orientation, mood, thought content, affect, any hallucinations or delusions.)					
2. Actions or statements by respondent leading to the conclusion that respondent is: (Check where appropriate) <input type="checkbox"/> Dangerous to self <input type="checkbox"/> Dangerous to others <input type="checkbox"/> Gravely disabled and in need of immediate treatment as a result of mental illness or substance abuse: (List)					
3. Considering the following criteria, (1) the respondent is suffering from serious mental illness or substance abuse; (2) the respondent's condition is likely to deteriorate needlessly unless the respondent is provided appropriate medical treatment; (3) the respondent's condition is likely to improve if he is provided appropriate medical treatment, it is my opinion that (check appropriate statement): <input type="checkbox"/> Involuntary confinement and treatment are indicated <input type="checkbox"/> Involuntary confinement and treatment are not indicated					
SIGNATURE OF EXAMINING PHYSICIAN		LA MEDICAL LICENSE NUMBER		DATE SIGNED	TIME SIGNED

ANY ADDITIONAL MATERIAL MAY BE ATTACHED

ORIGINAL TO COURT. ONE COPY TO HOSPITAL. ONE COPY TO EXAMINING PHYSICIAN