

Georgia Department of Behavioral Health & Developmental Disabilities (DBHDD)

FORM 1013 – CERTIFICATE AUTHORIZING TRANSPORT TO EMERGENCY RECEIVING FACILITY & REPORT of TRANSPORTATION (Mental Health)

Identification

STATE OF GEORGIA, COUNTY OF _____ DATE _____

This is to certify that I have personally examined _____ on _____, 20____ at _____m, which was within the preceding 48 hours of the signing of this certificate.

In my opinion this Individual appears to be a mentally ill person requiring involuntary treatment in that he/she appears to be mentally ill AND:

- [] A. presents a substantial risk of imminent harm to self or others as manifested by recent overt acts or recent expressed threats of violence which present a probability of physical injury to self or to other persons; OR
[] B. appears to be so unable to care for his/her own physical health and safety as to create an imminently life-endangering crisis.

At the time of my evaluation, the conditions checked below were present:

- [] This Individual appears to be mentally ill. My opinion is based on the following observations:

This Individual:

- [] Has committed/expressed recent overt acts/threats towards others.
[] Has committed/expressed recent acts/threats of violence to self.
[] Presents an imminently life endangering crisis to self because he/she is unable to care for his/her own health and safety.

For example: _____

As soon as possible, but within 72 hours after receiving this certificate, the Peace Officer shall make diligent efforts to take the above-named Individual into custody. Thereafter, the Peace Officer shall transport the above-named Individual to the emergency receiving facility serving the county where such person is found, as named above. This certificate expires 7 days after it is executed. This certificate and the Report of Peace Officer are to be delivered by the Peace Officer to the emergency receiving facility and are to be made a part of the above-named Individual's clinical record.

If private transportation by family, friends, or other means is deemed safe, it shall be encouraged and authorized. This does not relieve the county governing authority from its responsibility to arrange for transportation when needed or requested.

SIGNATURE AND PRINTED NAME of Licensed Physician, Licensed Psychologist, Licensed Clinical Social Worker or Clinical Nurse Specialist in Psychiatric/Mental Health

Date _____ 20____ Time _____m

Telephone Number

I _____(staff at referring facility) have communicated with _____(staff at receiving facility) at _____(name of receiving facility), _____(telephone number), who stated that the facility has a bed available for this individual. This certificate authorizes the peace officer or other person to deliver the individual named on this 1013 to the named facility for examination to determine whether admission is necessary.

SIGNATURE AND PRINTED NAME of staff at Referring Facility Date _____ 20____ Time _____m

For Receiving Facility Staff Use Only – A copy of form 1013 is placed in the clinical record.

Signature of Staff

Title

Date

REPORT OF PEACE OFFICER OR OTHER PERSON PROVIDING TRANSPORTATION

STATE OF GEORGIA, COUNTY OF _____ DATE _____

NAME OF INDIVIDUAL TRANSPORTED: _____

When transportation is provided by a Peace Officer, Sections 37-3-41 and 37-3-42 of the Official Code of Georgia Annotated require that the Peace Officer complete a written report detailing the circumstances under which the individual was taken into custody for mental health transportation. When transportation is provided by any person or entity other than a Peace Officer, this report is necessary to assist the receiving facility in caring for the health and safety of the individual transported, and of other persons at the facility.

To Emergency Receiving Facility known as _____ I report as follows:

Time and Date of pickup: _____ Location: _____

Behavior observed at that time:

While under my observation the conditions checked below were present:

- Made threats to harm self Appeared calm Unable/refused to speak
- Made threats to harm others Appeared upset Attempted to injure or injured self
- Knew where he/she was Was cooperative Attempted to injure or injured someone else
- Knew who he/she was Was combative Knew the approximate time and date

Name and address of family or others who were present when the Individual was taken into custody:

Name: _____ Relationship: _____

Address: _____

COMMENTS or INFORMATION from family or others having personal knowledge of Individual:

Physical restraints utilized during transportation, if any:

Individual's physical condition (apparent injuries, illness or distress):

Other information:

Transportation provided by:

Relative of the Individual: Name & Relationship: _____

Ambulance service: Name of company _____

Operated by (Hospital or provider name): _____

Transportation company or provider: Name _____

Operated by _____

Peace Officer for (Jurisdiction) _____

If transportation was provided by a Peace Officer, it was under the authority of:

Emergency Certificate (1013) Probate Court order

TIME delivered to Emergency Receiving Facility **DATE** delivered to Emergency Receiving Facility

PRINTED Name of Peace Officer or Other Person **SIGNATURE** of Peace Officer or Other Person

Certificate Authorizing Transport to Emergency Receiving Facility and Report of Transportation
(Mental Health) ~ Effective Date: March 31, 2012

PROCEDURES FOR COMPLETION OF FORM “1013”

A. WHO CAN COMPLETE THE FORM 1013?

The Form 1013 can be completed by a licensed Physician, licensed Psychologist, licensed Clinical Social Worker, or Psychiatric Clinical Nurse Specialist.

B. STEPS PRIOR TO COMPLETION OF THE FORM 1013

1. Determine that the individual does in fact meet criteria of mental illness AND ‘imminent risk’. For more information re: ADMISSION CRITERIA: www.dbhdd.georgia.gov/policies and search for Policy 03-502.
2. Contact the Emergency Receiving Facility (ERF); provide clinical information to the facility and determine if the facility has the capacity to admit the individual, if admission is necessary.
3. Providing the clinical information will help determine if the individual has signs or symptoms of a medical condition that would warrant urgent medical intervention prior to transport to the ERF. Individuals should not be referred to Emergency Rooms for ‘medical clearance,’ but for a specific complaint that would normally be seen in an emergency department (chest pain, delirium, shortness of breath). For more information re: MEDICAL CLEARANCE: www.dbhdd.georgia.gov/policies and search for Policy 03-520.

C. STEPS IN COMPLETION OF CERTIFICATE AUTHORIZING TRANSPORT

1. Fill in the County where the Individual is currently located (not the county where the ERF is located).
2. Fill in the name of the patient and the date/time of the evaluation. The evaluation must have been within 48 hours of the signing of the Form 1013.
3. In my opinion this Individual appears to be a mentally ill person requiring involuntary treatment in that he/she appears to be mentally ill **AND** check one or both of the following:
 - ‘A’ - if the person presents a substantial risk of imminent harm to self or others as manifested by recent overt acts or recent expressed threats of violence which present a probability of physical injury to self or to other persons
 - ‘B’ - if the person appears to be so unable to care for his/her own physical health and safety as to create an imminently life-endangering crisis.
4. At the time of my evaluation, the conditions checked below were present:
 This Individual appears to be mentally ill. My opinion is based on the following observations:
Describe your observations supporting your opinion that the person is mentally ill (i.e. actively hallucinating, disorganized speech, manic, etc).
5. This Individual: *check the appropriate box(es):*
 Has committed/expressed recent overt acts/threats towards others.
 Has committed/expressed recent acts/threats of violence to self.
 Presents an imminently life endangering crisis to self because he/she is unable to care for his/her own health and safety.
For example: (i.e. threatened to cut wrist, threatened to kill relative, etc)
6. Fill in date/time and sign the form to include credentials (M.D., D.O., Ph.D., LCSW, CNP)
7. Complete bottom of form after Emergency Receiving Facility (ERF) agrees to accept patient for evaluation. *This does not have to be done by the signer of the form.*

D. STEPS IN COMPLETION OF REPORT OF PEACE OFFICER OR OTHER PERSON PROVIDING TRANSPORTATION

1. Fill in name of the county where person was transported.
2. Fill in name of person transported.
3. Fill in name of the Emergency Receiving Facility (ERF) where the person was taken.
4. Complete the ‘time/date’ of pick up, location and observations during transit.
5. Fill in name/address of family or others who were present when the individual was taken into custody (if applicable - law enforcement only).
6. Fill in Comments or information from family or others who have personal knowledge of individual (if applicable).
7. Indicate if physical restraints were used in transit and the reasons for the restraints.
8. Comment of the person’s obvious physical condition (apparent injuries, distress).
9. Other information: complete if applicable.
10. Indicate who provided the transportation.
11. Sign/date form and give to Emergency Receiving Facility.