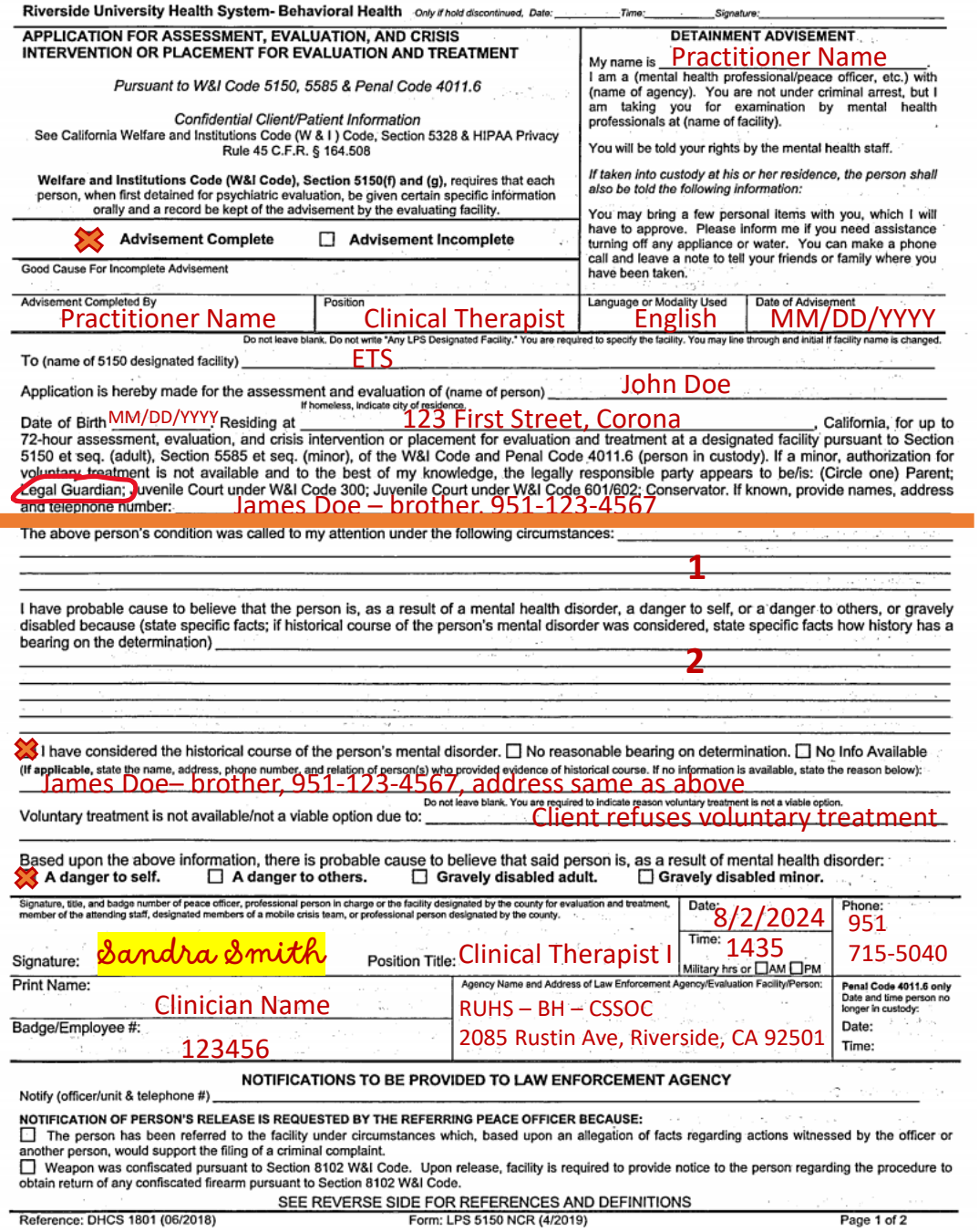
5150 Form



Riverside University Health System- Behavioral Health *Only if hold discontinued, Date: Time: Signature:*

APPLICATION FOR ASSESSMENT, EVALUATION, AND CRISIS INTERVENTION OR PLACEMENT FOR EVALUATION AND TREATMENT

Pursuant to W&I Code 5150, 5585 & Penal Code 4011.6

Confidential Client/Patient Information
See California Welfare and Institutions Code (W & I) Code, Section 5328 & HIPAA Privacy Rule 45 C.F.R. § 164.508

Welfare and Institutions Code (W&I Code), Section 5150(f) and (g), requires that each person, when first detained for psychiatric evaluation, be given certain specific information orally and a record be kept of the advisement by the evaluating facility.

☒ **Advisement Complete** ☐ **Advisement Incomplete**

Good Cause For Incomplete Advisement

DETAINMENT ADVISEMENT

My name is Practitioner Name. I am a (mental health professional/peace officer, etc.) with (name of agency). You are not under criminal arrest, but I am taking you for examination by mental health professionals at (name of facility).

You will be told your rights by the mental health staff.

If taken into custody at his or her residence, the person shall also be told the following information:

You may bring a few personal items with you, which I will have to approve. Please inform me if you need assistance turning off any appliance or water. You can make a phone call and leave a note to tell your friends or family where you have been taken.

Advisement Completed By	Position	Language or Modality Used	Date of Advisement
Practitioner Name	Clinical Therapist	English	MM/DD/YYYY

Do not leave blank. Do not write "Any LPS Designated Facility." You are required to specify the facility. You may line through and initial if facility name is changed.

To (name of 5150 designated facility) ETS

Application is hereby made for the assessment and evaluation of (name of person) John Doe
If homeless, indicate city of residence.

Date of Birth MM/DD/YYYY Residing at 123 First Street, Corona, California, for up to 72-hour assessment, evaluation, and crisis intervention or placement for evaluation and treatment at a designated facility pursuant to Section 5150 et seq. (adult), Section 5585 et seq. (minor), of the W&I Code and Penal Code 4011.6 (person in custody). If a minor, authorization for voluntary treatment is not available and to the best of my knowledge, the legally responsible party appears to be/is: (Circle one) Parent; Legal Guardian; Juvenile Court under W&I Code 300; Juvenile Court under W&I Code 601/602; Conservator. If known, provide names, address and telephone number: James Doe – brother, 951-123-4567

The above person's condition was called to my attention under the following circumstances:

1

I have probable cause to believe that the person is, as a result of a mental health disorder, a danger to self, or a danger to others, or gravely disabled because (state specific facts; if historical course of the person's mental disorder was considered, state specific facts how history has a bearing on the determination)

2

☒ I have considered the historical course of the person's mental disorder. ☐ No reasonable bearing on determination. ☐ No Info Available

(If applicable, state the name, address, phone number, and relation of person(s) who provided evidence of historical course. If no information is available, state the reason below):
James Doe– brother, 951-123-4567, address same as above

Do not leave blank. You are required to indicate reason voluntary treatment is not a viable option.
Voluntary treatment is not available/not a viable option due to: Client refuses voluntary treatment

Based upon the above information, there is probable cause to believe that said person is, as a result of mental health disorder:
☒ **A danger to self.** ☐ **A danger to others.** ☐ **Gravely disabled adult.** ☐ **Gravely disabled minor.**

Signature, title, and badge number of peace officer, professional person in charge or the facility designated by the county for evaluation and treatment, member of the attending staff, designated members of a mobile crisis team, or professional person designated by the county.	Date: 8/2/2024 Time: 1435 Military hrs or ☐AM ☐PM	Phone: 951 715-5040
Signature: Sandra Smith Position Title: Clinical Therapist I		
Print Name: Clinician Name Badge/Employee #: 123456	Agency Name and Address of Law Enforcement Agency/Evaluation Facility/Person: RUHS – BH – CSSOC 2085 Rustin Ave, Riverside, CA 92501	**Penal Code 4011.6 only** Date and time person no longer in custody: Date: Time:

NOTIFICATIONS TO BE PROVIDED TO LAW ENFORCEMENT AGENCY

Notify (officer/unit & telephone #)

NOTIFICATION OF PERSON'S RELEASE IS REQUESTED BY THE REFERRING PEACE OFFICER BECAUSE:

☐ The person has been referred to the facility under circumstances which, based upon an allegation of facts regarding actions witnessed by the officer or another person, would support the filing of a criminal complaint.

☐ Weapon was confiscated pursuant to Section 8102 W&I Code. Upon release, facility is required to provide notice to the person regarding the procedure to obtain return of any confiscated firearm pursuant to Section 8102 W&I Code.

SEE REVERSE SIDE FOR REFERENCES AND DEFINITIONS

Reference: DHCS 1801 (06/2018) Form: LPS 5150 NCR (4/2019) Page 1 of 2

Complete the Advisement Section of the form, include date and language.

To (name of 5150 designated facility). This must be completed and must be a designated facility. If using the fillable form you must click the drop down and select a facility.

Enter persons' full name; if not known enter John/Jane Doe. Never leave blank. Enter persons date of birth, if unknown, write approx. age. Enter their address; if homeless, use "homeless" in the city where they stay. i.e. "homeless in Corona".

If person is a minor or is conserved you **must** write the name, relationship, and contact number of their guardian.

1- The first section is how the person came to your attention.
Example: "*Mobile Crisis Response Team was dispatched to Corona Regional Medical Center to conduct a risk assessment for John Doe, who was brought into the ER by his brother, due to experiencing psychosis and running into the freeway. Client has a history of psychiatric hospitalizations due to a diagnosis of schizophrenia*".

2- The second section is where you describe why the person needs to be placed on a hold. Include Behaviors, Symptoms, and even a quote as to why they are in need of an involuntary hospitalization. Use MAUI to help you write a strong hold.

If you check historical collateral obtained, you must complete the information as to where you got that information. If you have checking of "No Info Available" you must state the reason. Example: *client is a poor historian, no collateral is available, this is the first time client has been here and there is no historical information for him.*

Indicate why voluntary Tx is not available. An inability to safety plan is not a viable reason for involuntary hold. State why the person cannot go voluntarily for psychiatric evaluation.

Check the appropriate risk category, complete the form with your name, signature, date, time, agency name and address, contact phone number.

Riverside University Health System- Behavioral Health *Only if hold discontinued, Date:* _____ *Time:* _____ *Signature:* _____

APPLICATION FOR ASSESSMENT, EVALUATION, AND CRISIS INTERVENTION OR PLACEMENT FOR EVALUATION AND TREATMENT

Pursuant to W&I Code 5150, 5585 & Penal Code 4011.6

Confidential Client/Patient Information
See California Welfare and Institutions Code (W & I) Code, Section 5328 & HIPAA Privacy Rule 45 C.F.R. § 164.508

Welfare and Institutions Code (W&I Code), Section 5150(f) and (g), requires that each person, when first detained for psychiatric evaluation, be given certain specific information orally and a record be kept of the advisement by the evaluating facility.

☐ **Advisement Complete** ☐ **Advisement Incomplete**

Good Cause For Incomplete Advisement
Only fill in if advisement was NOT completed

Advisement Completed By	Position	Language or Modality Used	Date of Advisement
Name of person who gave/attempted advisement	Title of person gave/attempted advisement	How advisement was given	Print date of advisement

DETAINMENT ADVISEMENT

My name is Print name of person giving advisement. I am a (mental health professional/peace officer, etc.) with (name of agency). You are not under criminal arrest, but I am taking you for examination by mental health professionals at (name of facility).

You will be told your rights by the mental health staff.

If taken into custody at his or her residence, the person shall also be told the following information:

You may bring a few personal items with you, which I will have to approve. Please inform me if you need assistance turning off any appliance or water. You can make a phone call and leave a note to tell your friends or family where you have been taken.

Do not leave blank. Do not write "Any LPS Designated Facility." You are required to specify the facility. You may line through and initial if facility name is changed.

To (name of 5150 designated facility) Select/Write 5150 Designated Facility

Application is hereby made for the assessment and evaluation of (name of person) Name of individual or John/Jane Doe
If homeless, indicate city of residence.

Date of Birth Date or Approx. Age. Residing at Complete address or if individual is homeless write "homeless and city" (i.e Homeless in Riverside)., California, for up to 72-hour assessment, evaluation, and crisis intervention or placement for evaluation and treatment at a designated facility pursuant to Section 5150 et seq. (adult), Section 5585 et seq. (minor), of the W&I Code and Penal Code 4011.6 (person in custody). If a minor, authorization for voluntary treatment is not available and to the best of my knowledge, the legally responsible party appears to be/is: (Circle one) Parent; Legal Guardian; Juvenile Court under W&I Code 300; Juvenile Court under W&I Code 601/602; Conservator. If known, provide names, address and telephone number: If individual is a minor or conserved, circle appropriate designation (i.e. parent) and print the name, relationship, and contact number of parent/conservator.

The above person's condition was called to my attention under the following circumstances: _____
How was the situation brought to your attention? Any relevant historical information? Any reliable witness information?

I have probable cause to believe that the person is, as a result of a mental health disorder, a danger to self, or a danger to others, or gravely disabled because (state specific facts; if historical course of the person's mental disorder was considered, state specific facts how history has a bearing on the determination) _____
Justification of hold. Include all the observed or reported symptoms and behaviors to justify mental health disorder and link to risk criteria.
Include any quotes/statements made by individual or any reliable witness. Historical information considered when making determination (i.e. prior hospitalizations, past suicidal attempts, diagnosis, etc.). Justify each criteria selected.

☐ I have considered the historical course of the person's mental disorder. ☐ No reasonable bearing on determination. ☐ No Info Available
(If **applicable,** state the name, address, phone number, and relation of person(s) who provided evidence of historical course. If no information is available, state the reason below):
i.e. James Doe brother 951-123-4567 address same as above/ review of electronic health record/ self-reported. State the reason no info is available (i.e. client is a poor historian).

Do not leave blank. You are required to indicate reason voluntary treatment is not a viable option.
Voluntary treatment is not available/not a viable option due to: You must indicate WHY the indiviual was unable or unwilling to go voluntarily for a psychiatric evaluation.

Based upon the above information, there is probable cause to believe that said person is, as a result of mental health disorder:
☐ **A danger to self.** ☐ **A danger to others.** ☐ **Gravely disabled adult.** ☐ **Gravely disabled minor.**

Signature, title, and badge number of peace officer, professional person in charge or the facility designated by the county for evaluation and treatment, member of the attending staff, designated members of a mobile crisis team, or professional person designated by the county.

Signature: Your Signature Position Title: Job title/ Discipline

Date: MM/DD/YYYY
Time: Standard or Military
Military hrs or ☐ AM ☐ PM

Phone: Area code and Number

Print Name: Print full name

Badge/Employee #: Employee or License number

Agency Name and Address of Law Enforcement Agency/Evaluation Facility/Person:
Agency/Facility Name
If county employee, specify what program
Agency/Facility Address

Penal Code 4011.6 only
Date and time person no longer in custody:
Date:
Time:

NOTIFICATIONS TO BE PROVIDED TO LAW ENFORCEMENT AGENCY

Notify (officer/unit & telephone #) _____

NOTIFICATION OF PERSON'S RELEASE IS REQUESTED BY THE REFERRING PEACE OFFICER BECAUSE:

☐ The person has been referred to the facility under circumstances which, based upon an allegation of facts regarding actions witnessed by the officer or another person, would support the filing of a criminal complaint.

☐ Weapon was confiscated pursuant to Section 8102 W&I Code. Upon release, facility is required to provide notice to the person regarding the procedure to obtain return of any confiscated firearm pursuant to Section 8102 W&I Code.

SEE REVERSE SIDE FOR REFERENCES AND DEFINITIONS

5150 Hold Checklist

YES	NO	Areas on 5150 Application
		Most recent version of 5150 form used
		Check whether advisement was completed - If not completed, a reason is written in "good cause for incomplete advisement"
		All areas of detainment advisement section completed (Name, position, language used, date)
		Name to designated 5150 facility completed
		Name/Alias of patient provided
		DOB or estimated age of patient provided
		Residence (or City if unknown or homeless and city the person stays in) provided
		If applicable, Responsible Party section completed (circle responsible party, name, address, and phone number)
		First narrative- Specify how patient's condition was called to your attention.
		Second narrative- Stated specific facts re: probable cause of DTS, DTO, and/or GD - Specify how person's behavior (DTS, DTO, and/or GD) is or may be due to a mental disorder
		Completed historical course of mental disorder section (name, address, phone number, and relation of person(s) who provided historical information. - If you checked "No info Available", indicated the reason.
		Voluntary statement completed
		Selected checkbox to identify if DTS, DTO, and/or GD
		Signature on signature line provided
		Title on signature line provided
		Name printed
		Badge/employee number on signature line provided
		Name and Address of agency/evaluation facility provided
		Date of 5150 provided
		Time of 5150 provided
		Phone number of evaluating person provided
		There are no errors to the narrative sections
		There are no errors to date and/or time of 5150
		Form is legible and ready to be faxed to LPS
		Copy of 5150 faxed to LPS within 1-3 business days