

**EMERGENCY MENTAL ILLNESS REPORT AND APPLICATION (M-1)**

Date:	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
-------	--

Name: _____ hereafter referred to as <b>RESPONDENT</b>						
Address Street	City	County	State	Zip	Date of Birth	Race
Place of contact _____, Colorado						
Previous Psychiatric Care: Where			When			
Who Brought the Respondent's Condition to the Attention of the Undersigned?						
Nearest Relative: Name					Relationship	
Address Street	City	State	Zip	Phone		

**APPEARANCE AND GENERAL BEHAVIOR (Circle Items That Apply)**

**Dress:** *Neat Untidy Dirty Eccentric*      **Posture:** *Erect Tense Relaxed Lying down*  
**Facial Expression:** *Fixed Changing Angry Perplexed Sad Happy Suspicious*  
**Physical Activity:** *Normal Under-active Over-active*

**EMOTIONAL REACTION (Circle Items That Apply)**

**Attitude:** *Composed Polite Cooperative Reserved Indifferent Silent Scared Sad Happy*  
*Carefree Cocky Hilarious Excited Angry Sarcastic Antagonistic Suspicious*  
*Insulting Profane Combative Sleepy*  
**Talk:** Form: *Logical Conversational Illogical Rambling Nonsensical*  
Rate: *Normal Over-talkative Under-Talkative*  
Quality: *Controlled Humorous Drama tic Forceful Shouting Screaming Mumbling*  
**Expressions:** *Ideas of Being Persecuted Feels People Are Watching Him, Talking About Him Ideas of Grandeur*  
*Strange or Bizarre Physical Complaints Very Self-Critical Hearing Voices Seeing Things*  
*Homicidal Thoughts Suicidal Thoughts Unusual Sexual Ideas*  
Does Patient Know Who He Is? (Yes No)      Where He is? (Yes No)      How he Feels? (Yes No)  
Counting from 20 to 1 Backward: Result: *Good Fair Poor*  
General Knowledge: President? (Yes No)      Governor? (Yes No)      Mayor? (Yes No)

Pursuant to the provisions of SECTION 27-65-105, C.R.S., as amended, the respondent was taken into custody by the undersigned and detained for seventy-two hour treatment and evaluation at \_\_\_\_\_ (designated or approved facility).

The respondent appears to be mentally ill and, as a result of such mental illness, appears to be an **imminent danger**  **to others**  or **to himself/herself**  or **gravely disabled**. The circumstances, behaviors and presentations under which the undersigned believes there is probable cause leading to the above action are as follows:


(COMPLETE IF APPLICABLE) During the period of the seventy-two hour hold the respondent was transferred to \_\_\_\_\_ (designated or approved facility) for evaluation and treatment.

LIST ANY PROPERTY OWNED BY SUBJECT WHICH MAY BE JEOPARDIZED BY HIS/HER DETENTION:	LOCATION
	LOCATION

SIGNATURE: _____	TITLE: _____	SER./COLO. LICENSE NO.: _____
SIGNATURE: _____	TITLE: _____	SER./COLO. LICENSE NO.: _____

**NOTICE TO RESPONDENT:** Section 27-65-105(3), C.R.S., provides that if the evaluation and treatment facility to which you are admitted does not have evaluation and treatment services on Saturdays, Sundays or Holidays, then the facility may exclude those days in calculating the seventy-two hour detention period.