



State of Maryland – Department of Health and Mental Hygiene  
**MENTAL HYGIENE ADMINISTRATION**  
Catonsville, MD 21228

**PHYSICIAN'S OR PSYCHOLOGIST'S CERTIFICATE TO ACCOMPANY  
APPLICATION FOR INVOLUNTARY ADMISSION**

Involuntary admissions of individuals to facilities for the care or treatment of mental disorders are governed by Health General Article, §§10-613 – 10-617, Annotated Code of Maryland and COMAR 10.21.01.

An application for involuntary admission of an individual may be made by any person who has a legitimate interest in the welfare of the individual. The application must be on the required form (DHMH #34), be dated and signed by the applicant, state the applicant's relationship to the individual for whom involuntary admission is sought, and be accompanied by the certificates of two physicians or one physician and one psychologist.

A certificate for involuntary admission shall be on this form; be based on the personal examination of the physician or psychologist who signs the certificate; and include: (1) A diagnosis of the individual's mental disorder, (2) An opinion that the individual needs inpatient care or treatment, and (3) An opinion that hospitalization is needed for the protection of the individual or another. A certificate may not be used for admission if the examination was done more than 1 week before the certificate is signed or more than 30 days before the facility receives the application for admission.

A certificate shall have attached to it any available medical reports or records that support the individual's need for involuntary care or treatment in a facility, for the protection of the individual or others. If these reports or records are not readily available or do not exist, then one of the certifying physicians or psychologist shall submit a detailed note summarizing the medical history of the individual; stating the individual's current symptoms and diagnosis, and giving an explanation of why, in the certifying physician's or psychologist's professional judgment, the individual meets the requirements for involuntary care of treatment. (Health-General Article, §10-616 and COMAR 10.21.01).

If the individual who has been certified cannot be admitted to a private facility, the individual may be admitted to the State facility that is designated to receive individuals, based on bed availability as determined by The Centralized Admissions Referral Center (CARC) for the Mental Hygiene Administration. For bed availability, please contact CARC at 1-866-MD ADMIT (1-866-632-3648).

The services and programs of the Department of Health and Mental Hygiene are provided on a non-discriminatory basis and in compliance with Title VI of the Civil Rights Act of 1964. Any complaints regarding alleged discrimination may be filed in writing with the Director, Mental Hygiene Administration, Spring Grove Hospital Center, 55 Wade Avenue, Dix Building, Catonsville, MD 21228, and the Office of Civil Rights, U.S. Department of Health and Human Services, 150 S. Independence Mall West, Suite 372, Philadelphia, PA 19106-3499.

# CERTIFICATION BY PHYSICIAN OR PSYCHOLOGIST

I, \_\_\_\_\_, of \_\_\_\_\_  
Printed Name of Physician or Psychologist      Name of Facility or Office Address      Telephone Number

certify that on \_\_\_\_\_, which is no more than 1 week prior to this date, I personally  
Date of Examination

examined \_\_\_\_\_  
Name of Individual: LAST      FIRST      MIDDLE INITIAL

Address of Individual: \_\_\_\_\_  
Street      City      State      County      Telephone Number

Date of Birth      Age      Race      Sex      Marital Status      Social Security Number

Next of Kin: \_\_\_\_\_  
Name      Relationship to Individual

Address      Telephone Number

THE DIAGNOSIS OF MENTAL DISORDER IS: \_\_\_\_\_

SYMPTOMS: \_\_\_\_\_

CURRENT MEDICATIONS (type and dosage): \_\_\_\_\_

EMERGENCY MEDICATIONS: \_\_\_\_\_

I find that:

- (1) The individual has a mental disorder;
- (2) The individual needs inpatient care or treatment;
- (3) The individual presents a danger to the life or safety of the individual or of others;
- (4) The individual is unable or unwilling to be admitted voluntarily;
- (5) There is no available, less restrictive form of intervention that is consistent with the welfare and safety of the individual; and
- (6) If the individual is 65 years old or older and is being referred for admission to a State facility, geriatric evaluation team has determined evaluation team has determined that there is no available, less restrictive form of care or treatment that is adequate for the needs of the individual.

- I am licensed under the Health Occupations Article, Title 14, Annotated Code of Maryland to practice medicine in the State of Maryland; or
- I am licensed under the Health Occupations Article, Title 18, Annotated Code of Maryland, to practice psychology in the State of Maryland, and am listed in the National Register of Health Service Providers in Psychology.

I do not have a financial interest, through ownership or compensation, in a proprietary facility to which admission is sought for the individual whose status is being certified.

I am not related, by blood or marriage, to the individual or to the applicant for the admission of the individual.

\_\_\_\_\_  
Date      Time      Signature of Physician or Psychologist

# REPORT AS TO CERTIFICATION OF COMMITMENT

This section to be completed by the physician or psychologist completing this Certificate to Accompany Application for Involuntary Admission.  
Attach a copy of this form to *one* certificates.  
PLEASE PRINT

I, the undersigned  physician  psychologist have, on \_\_\_\_\_, examined \_\_\_\_\_  
Date Patient's Name

and find that:

1. This individual suffers from the following mental disorder with the most current DSM diagnosis of:  
\_\_\_\_\_ (Axis I non-substance abuse, as primary focus of treatment.)
2. The patient is in need of institutional inpatient care or treatment because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. The patient presents a danger to his/her own life or safety or the life or safety of others because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. The patient is  unable or  unwilling to be voluntarily admitted as evidenced by \_\_\_\_\_  
\_\_\_\_\_
5. There is no less restrictive alternative than inpatient psychiatric care available for the patient which is consistent with welfare and safety, in that \_\_\_\_\_  
\_\_\_\_\_
6. **STATE HOSPITALS ONLY:** For patients 65 years of age or older, the patient has been evaluated by the Adult Evaluation Referral Service, and no less restrictive form of intervention has been determined by that team to be appropriate for the patient;  
AERS evaluation was completed by \_\_\_\_\_ on \_\_\_\_\_.  
Name of AERS team member Date

\_\_\_\_\_  
Certifying Physician's/Psychologist's Signature

\_\_\_\_\_  
Printed/Typed Name