

Independent Examination Certification And Summary Re:

_____, "THE PATIENT" below

I, the undersigned independent examiner, certify that I am a psychiatrist licensed by the Virginia Board of Medicine, and otherwise meet the qualifications set forth in Va. Code § 37.2-815; that today I personally examined **THE PATIENT**; and, as the result of such examination, I have probable cause to believe that **THE PATIENT** **is** / **is not mentally ill**; that **THE PATIENT** **does** / **does not** present an imminent danger to **such person** **others**, or **is** / **is not** substantially unable to care for such person, as a result of mental illness; and that such person **does** / **does not** require involuntary in-patient treatment. I am not related by blood or marriage to the Patient; I have no financial interest in the Patient's admission or treatment; I have no investment interest in the facility detaining or admitting such person; and, unless I am an employee of a state hospital or the U.S. Department of Veterans Affairs, I am not employed by such facility.

_____ 20 _____
Date

Oisin P. MacSearraigh, M.D.

This certification of examination shall not be accepted or used as evidence at any hearing under § 37.2-814 of the Code of Virginia (1950), as amended, UNLESS such examination be made within the five (5) days immediately preceding such hearing and provided there is no objection to the acceptance of same by **THE PATIENT** or the attorney for the Patient. The positive certification of at least one independent examiner is necessary to commit the Patient.

PATIENT INFORMATION CONCERNING THE PATIENT

(NOTE: PREADMISSION REPORT DATA IS HEREBY INCORPORATED - THE FOLLOWING NOTES ARE SUPPLEMENTAL TO THAT REPORT):

Symptoms: _____

OTHER suicidal ideation / behavior: _____

OTHER assaultive or homicidal ideation / behavior: _____

If mentally retarded, intellectual level, if known: _____

OTHER previous psychiatric care? Yes No Unknown

If yes, **OTHER** hospital, clinic, or private psychiatrist treatment (**not stated in the prescreening report**):

OTHER alcohol/drug history: _____

State briefly any present or recent physical disease, illness or injury **not stated in the prescreening report**:

Known medications **not stated in the prescreening report**: _____
