

APPLICATION FOR VOLUNTARY PSYCHIATRIC HOSPITALIZATION (BY PATIENT, PARENT¹, GUARDIAN² OR REASONABLE PERSON)

Date _____ 20 _____ Time _____

Name of Patient _____ Date of Birth _____

Address _____
Street City State Zip

TO THE EXECUTIVE DIRECTOR OF THE HEALTH CENTER:

Application is hereby made for the voluntary admission of the person named above, hereinafter designated as the patient, to SSM Behavioral Health for such care and treatment as may be necessary or appropriate in promoting the improvement and/or recovery of said patient.

It is specifically understood and agreed that if the patient is admitted to SSM Behavioral Health as a voluntary patient:

1. That the patient will obey all rules and regulations of the hospital.
2. That if the patient's condition indicates or requires different care or treatment than that provided by the hospital, the patient will leave the hospital at the request of the Executive Director or her/his designee.
3. That in making this application, the patient and/or the applicant (if different from the patient) give consent to the hospital to administer such form(s) of treatment to the patient as may be deemed necessary and/or appropriate by the attending physician to promote the improvement and/or recovery of the patient.
4. That should the patient request to leave the hospital against medical advice, a determination of disposition will be made within three (3) hours of such request.
5. If named patient is determined to be a danger to self or others, the attending psychiatrist may refuse to allow the said patient to leave. If the attending psychiatrist refuses to allow the patient to leave, an application for Involuntary Detention must immediately be initiated.
6. That the patient and applicant (if different from the patient), acknowledge that this admission application covers the entire hospitalization, including transfers from and to psychiatric unit(s).
7. I authorize SSM Behavioral Health Medicine to obtain a photograph for the purpose of patient identification. It is my understanding that said photograph, prints, or negatives thereof, will not be used for any other purpose without my knowledge and consent.

Patient's Signature Date/Time OR _____
Signature/Relationship Date/Time
(Parent/Legal Guardian/Responsible Person)

Witness' Signature Date/Time OR _____
Second Witness' Signature Date/Time
(If Oral/Telephone/Patient Mark)

NOTE:

- (1). If the patient is under 18 years of age and is not otherwise permitted by law to give consent (or his/her own medical care), this application must be signed by the parent or guardian of the patient or by the person having legal custody of the patient. (Section 632.110 R.S. MO. 1980).
- (2). The guardian of a person who has been declared incompetent by a court may complete an application for voluntary admission if the ward is not willing to be admitted as an inpatient. If inpatient services are recommended for more than thirty (30) days, the person may remain in the Health Center's Behavioral Health Service only if the guardian has obtained a court order continuing the inpatient hospitalization. (Section 632.115 R.S. MO. 1980).

