



PHYSICIAN'S STATEMENT

State Form 22485 (R / 9-06) / OGC 0041

STATE OF INDIANA)
)
COUNTY OF _____)
)
IN THE MATTER OF)
)
THE COMMITMENT OF)
)
_____)

SS: IN THE _____ COURT
CAUSE NUMBER: _____

1. I, _____, the undersigned physician:
☐ hold a valid license to practice medicine in Indiana, issued by the Medical Licensing Board of Indiana, or
☐ am a medical officer of the United States government who is in Indiana performing my official duties.
2. This statement is made as part of my official duties as an employee / contractor of _____
Community Mental Health Center.
If not, explain: _____
3. On the _____ day of _____, 20_____, within the past thirty (30) days, I examined _____,
the person whose commitment is sought.
4. In my opinion, this person is mentally ill, more specifically suffering from:
☐ a psychiatric disorder. Specifically: _____
☐ developmental disability (e.g. mental retardation) ☐ addiction to narcotics or dangerous drugs ☐ alcoholism
☐ other _____
which substantially disturbs the person's thinking, feeling, or behavior, and impairs his/her ability to function.

Complete 5a or 5b. Complete both if both are applicable.

5a. In my opinion, this person is dangerous in that, as a result of the condition(s) specified in Paragraph 4, the person presents a substantial risk that
he/she will harm ☐ self or ☐ others. Specifically:

5b. In my opinion, this person is gravely disabled in that, as a result of the condition specified in paragraph 4,
☐ the person is in danger of coming to harm because of his/her inability to provide for food, clothing, shelter, or other essential human needs, or
☐ the person has a substantial impairment or an obvious deterioration of that individual's judgment, reasoning, or behavior that results in the individual's
inability to function independently. Specifically:

The patient has family, friends, or others willing and able to assist him/her in meeting those needs.

☐ Yes ☐ No

6. In my opinion, this person is in need of custody, care, or treatment in an appropriate facility. ☐ Yes ☐ No
 Out-patient treatment would be adequate. ☐ Yes ☐ No
 Commitment would not be necessary if this person were taking medication for his/her condition. ☐ Yes ☐ No
 This person can be relied upon to take medication as prescribed. ☐ Yes ☐ No
 There are family members or friends willing and able to see to it that the patient takes medication as prescribed. ☐ Yes ☐ No

7. In my opinion, commitment would not be necessary if a legal guardian were appointed for this person. ☐ Yes ☐ No

8. I have discussed with this person the advisability of obtaining treatment on a voluntary basis, and this person:

- ☐ has refused to begin voluntary treatment, or
☐ is not an appropriate person for voluntary treatment because:

9. In my opinion, each of the following facilities are suitable for the necessary care, treatment, and protection of the patient and others:

(List suitable state hospitals, general hospitals, private hospitals, community mental health centers, community mental retardation and other developmental disabilities centers, or other institutions or programs approved by the Division of Mental Health and Addiction or Division of Aging and Rehabilitation Services, including veteran's hospitals, if the person is eligible.)

Of these, the one(s) with the least restrictive environment is (are):

10. In my opinion, commitment for a period not to exceed ninety (90) days is likely to be of sufficient duration to achieve a significant improvement in the patient's condition. ☐ Yes ☐ No

11. In my opinion, holding the hearing in the courtroom would have a harmful effect on the patient's health or well-being. ☐ Yes ☐ No

If the answer to number 11 is "yes," I recommend that the hearing be held at _____ or other suitable place not likely to have such an effect.

Signature		Date (month, day, year)
Printed name	Degree	Telephone number ()
Address (number and street, city, state, and ZIP code)		