



(PRINT ALL DATA)

Instructions, Facsimile Transmittal Cover Sheet, Petition and Proposed Consent Order

Instructions:

1. **There are three forms to be completed at the hospital.** [Click here for a completed sample set.](#)

2. The completed forms are to be faxed to the Richmond General District Court Special Justice on call.

a. The Special Justice calendar is found ON THE FRONT PAGE OF THIS LINK:

<http://majette.net/doctors>

b. The fax numbers for the Special Justices are at the foot of this page.

3. The forms are attached to this file.

4. The forms are:

a. **The Fax Cover Sheet.**

b. The below **MEDICAL EMERGENCY TEMPORARY DETENTION PETITION.** This form **must** be signed by the physician. **Neither a nurse nor a nurse practitioner is acceptable.**

c. The **MEDICAL EMERGENCY TEMPORARY DETENTION ORDER.**

This form ***must*** be **COMPLETED** by the **physician**. This is the actual order consenting to treatment signed by the judge, not the doctor.

5. Very Important: The physician **must call the Special Justice to request consent.** Petitions faxed without a phone request will not be seen timely. The calendar link above (www.majette.net) and the cover sheet contain the phone and fax numbers for the Richmond General District Special Justices.

Emergency Petition and Order Fax Cover Sheet

NAME OF PATIENT:

YOU: The Sender (Physician / Hospital)

Hospital

CIRCLE Hospital:

Chippenham VCU-MCV BS-RCH Retreat McGuire Veterans

Other: _____

Where is the patient in the hospital NOW?

[] Emergency Room [] Other Room: Number: __ Floor: __

Physician

Physician Name:

_____, M.D.

Today's Date: _____ Time: _____

Physician's Phone: (804) _____

Physician's Pager / Mobile Phone: (804) _____

Hospital Nursing Station Phone for Patient: (804) _____

Hospital Fax Number (for return of signed order): (804) _____

Emergency Petition and Order Fax Cover Sheet

Phone And Facsimile Numbers

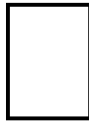


Special Justice R. S. Majette, FACSIMILE: **804-414-7780**

ALTERNATE EMERGENCY FACSIMILE ONLY : 804-649-0654 (O)

Mobile Telephone: 804-690-8720

Home Telephone: 804-273-9634



Special Justice R. R. Dawson, FACSIMILE: **804-747-5576**

Mobile Telephone: 804-248-3023

Home Voice: 804-740-1647

Fax to Special Justice On Call. **Schedule at <http://majette.net/doctors>.**

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C:12/31/2016 6:11:00 PM | LS: 1/1/2017 4:41:00 PM | LP: 1/1/2017 4:41:00 PM

MEDICAL EMERGENCY TEMPORARY DETENTION PETITION

[x] General District Court [] Circuit Court

Virginia: **City of Richmond**.....[] Juvenile and Domestic Relations District Court

Printed Name of Patient

Printed Address of Patient

Patient Date of Birth: Patient Social Security Number:.....

I **[name of physician]** am a licensed physician in the Commonwealth of Virginia. I attempted to obtain consent of the above-named adult ("Patient") for treatment of the following physical or mental disorder: _____

Patient is within the following designated hospital located in the City of Richmond: Bon Secours Richmond Community Hospital HCA Chippenham HCA Retreat Hunter Holmes McGuire V.A. VCU-MCV Medical Center Other: _____.

I believe Patient incapable of making an informed decision, or incapable of communicating such a decision, about treatment of the foregoing disorder because of the following physical or mental disorder, _____, or because of an undiagnosed physical or mental disorder whose symptoms are _____.

I understand that a person with dysphasia or other communications disorders who is mentally competent and able to communicate shall not be considered incapable of giving informed consent by law. This Patient is not such a person to the best of my knowledge.

The medical standard of care calls for the following testing, observation or treatment of the above-described physical or mental disorder within the next twenty-four (24) hours to prevent death or disability, or to treat an emergency medical condition that requires immediate action to avoid harm, injury, or death: see attached treatment plan // _____

(Check, complete, and attach only if applicable):

[] Patient does not desire testing, observation or treatment because of the following religious practices: see attached / _____.

[] Family member objections are: see attached _____.

DATE AND TIME PHYSICIAN'S SIGNATURE: Date: _____ **Time:** _____, MD / DO

[] Oral petition by the above-named physician, with oral consent refusal by the Court on (date) _____ at (time) _____ am/pm.

Affix Patient Identification Label Here, If Available

MEDICAL EMERGENCY TEMPORARY DETENTION ORDER

General District Court Circuit Court

Virginia: **City of Richmond**..... Juvenile and Domestic Relations District Court

.....
Patient Printed Name of Patient Date of Birth: Patient Social Security Number:.....
..... Printed Address of Patient

Original Order Modified Order Termination of Order

Upon information and advice given to the undersigned judge or magistrate in writing orally by
....., a licensed physician who states that he has attempted to
PRINTED Name of Physician
obtain consent of the above-named patient for treatment of the following physical injury or illness

The physician having stated that:

1. The above-named patient is an adult who is within the judge’s or magistrate’s jurisdiction at
.....
Name and Address of Facility
2. To the best of his knowledge, the above-named patient is incapable of giving informed consent to treatment of the above-described physical injury or illness because of:
 the following physical or mental condition
 an undiagnosed physical or mental condition whose symptoms are:
3. He understood that a person with dysphasia or other communications disorders who is mentally competent and able to communicate shall not be considered incapable of giving informed consent by law and this patient is not such a person to the best of his knowledge.
4. The medical standard of care calls for the following testing, observation or treatment of the above-described injury or illness within the next twenty-four (24) hours to prevent death or disability, or to treat an emergency medical condition that requires immediate action to avoid harm, injury, or death:
.....
.....

Check if applicable:

- the patient does not desire testing or treatment because of the following recognized religious practices:
.....
- family member objections are:
and after considering these statements and taking into consideration all above-described recognized religious practices (if any) and family objections (if any)
- I do not find probable cause to believe that the statutory requirements for the issuance of this order have been met.
- I find probable cause to believe the above statements and I authorize for a period not to exceed twenty-four (24) hours:
 - temporary detention of the above-described patient by a hospital emergency room,
and
 - testing, observation or treatment described above.
- OR
- the following testing, observation or treatment
.....
.....

I order the termination of authorization previously ordered in this case based on information from....., namely

Date and Time:

Special Justice of the Richmond General District Court

WARNINGS AND NOTICES. If before completion of authorized testing, observation or treatment, the physician determines that a person subject to this order becomes capable of giving consent, the physician shall rely on the person’s decision of whether to consent to further observation, testing or treatment. If before issuance of this order or during its period of effectiveness the physician learns of objection by a member of the person’s immediate family to the testing, observation or treatment, he shall so notify the court or magistrate, who shall consider the objection in determining whether to issue, modify or terminate the order. A person with dysphasia or other communications disorder who is mentally competent and able to communicate shall not be considered incapable of giving informed consent.