



(PRINT ALL DATA)

Facsimile Transmittal Cover Sheet To Send: Petition For Medical Consent and Proposed Order

Instructions:

1. There are **three** forms to be completed at the hospital.
 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:**

www.majette.net
 - 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. **This** cover sheet.
 - b. The **MEDICAL EMERGENCY TEMPORARY DETENTION PETITION**. This form **must** be signed by the physician.
 - c. The **MEDICAL EMERGENCY TEMPORARY DETENTION ORDER**. This is the actual order consenting to treatment signed by the judge, not the doctor.
 5. **Very Important:** The physician **must orally request issuance of the Order from the Special Justice hearing cases when the order is requested**. Petitions faxed without phone notice may not be timely seen. See the calendar link above (www.majette.net). The phone numbers for the Special Justices are printed on this cover sheet.
-

NAME OF PATIENT:

YOU: The Sender (Physician / Hospital)

Hospital

CIRCLE Hospital: Chippenham VCU-MCV BS-RCH Retreat
Veterans Other: _____

Where is patient 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** for Patient Phone: (804) _____

Sender's Fax Number (for return of signed order):

(804) _____

**The Court (Receiver): Special Justices, Richmond
General District Court**

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

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

Home Voice: 804-273-9634

Mobile: 804-690-8720

Special Justice R. R. **Dawson**, **FACSIMILE:** 804-740-9132

Home Voice: 804-740-1647

Mobile: 804-248-3023

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

[PRINT OR TYPE]

MEDICAL EMERGENCY TEMPORARY DETENTION PETITION CASE NO M0_-.....

Va. Code § 37.1-134.3(L)

Patient Date of Birth: Patient Social Security Number:

Virginia: City of Richmond
[x] General District Court [] Circuit Court
[] Juvenile and Domestic Relations District Court

.....
Name of Patient Address of Patient

I,, a licensed physician, state that:
Name of Physician

I attempted to obtain consent of the above-named patient for treatment of the following physical injury or illness

.....
The above-named patient is within the judge's or magistrate's jurisdiction at

.....
To the best of my knowledge, the above-named patient is incapable of giving informed consent to treatment of the
above-described physical injury or illness because of:
Name and Address of Facility

[] the following physical or mental condition

[] an undiagnosed physical or mental condition 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 and 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 injury
or illness within the next twenty-four (24) hours to prevent death, disability or serious irreversible condition:

.....
(Check and complete if applicable)

[] the patient does not desire testing or treatment because of the following recognized religious practices:

.....
[] family member objections are:

.....
Date and Time Physician's Signature
Oral petition by above-named physician, who agreed with this transcription when it was read back to him.

.....
Date and Time Physician's Signature

VIRGINIA MEDICAL EMERGENCY TEMPORARY DETENTION ORDER § 37.2-1104 **EMERGENCY**

Va. Code § 37.1-134.3(L), § 37.2-1104 (rev. format 7/08)

Virginia: City Of Richmond General District Court

Printed Name / Address of Patient: _____

Patient Date of Birth: _____ Patient Social Security / Medical Record #: _____

☒ Original Order ☐ Modified Order ☐ Termination of Order

Upon information and advice given to the undersigned judge or magistrate ☐ in writing ☒ orally by

Print name of doctor _____, **M.D.**, a licensed physician who states that he has attempted to 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 in the City of Richmond, Virginia, at the following hospital or other medical facility: _____

Name and Address of Facility

2. To the best of the physician's 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 or symptoms: _____

3. The physician 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 the physician's 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, disability or serious irreversible condition: _____

If applicable, the following boxes are checked:

☐ 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 _____

_____, at _____
Issue Date and Time Special Justice, City of Richmond

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.