

MEDICAL EMERGENCY TEMPORARY DETENTION ORDER

CASE NO.....

Va. Code § 37.1-134.5 (M)

- ☐ General District Court ☐ Circuit Court
☐ Juvenile and Domestic Relations District Court

City or County

Name of Patient

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

Name of Physician

....., 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

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 and that 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, disability or serious irreversible condition:

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

Name and Title

SEE WARNINGS AND NOTICES ON REVERSE SIDE