

**MEDICAL EMERGENCY TEMPORARY
DETENTION PETITION**

Case No.:

Commonwealth of Virginia VA. CODE §§ 37.1-134.21(M); 53.1-40.1(F)

.....
CITY OR COUNTY

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

.....
NAME AND ADDRESS OF FACILITY

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:

- 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 (§ 37.1-134.21(M)) twelve (12) hours (§ 53.1-40.1(F)) to prevent death, disability or serious irreversible condition:

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

the patient does not desire testing, observation or treatment because of the following 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

.....
SIGNATURE