

FOR PATIENTS IN PARTIAL REMISSION

**COURT OF COMMON PLEAS
PROBATE DIVISION
HAMILTON COUNTY, OHIO**

IN THE MATTER OF

CASE NO. _____
HEARING DATE _____
FACILITY _____

ANSWER ALL QUESTIONS

Does the respondent suffer from a chronic disorder, now in partial remission, of:
(Circle answer for each – If yes, state how disorder manifested)

THOUGHT YES NO _____

MOOD YES NO _____

PERCEPTION YES NO _____

ORIENTATION YES NO _____

MEMORY YES NO _____

Does the substantial disorder, when not in partial remission, grossly impair his/her:
(Circle answer for each – If yes, explain how)

JUDGEMENT YES NO EXPLAIN _____

BEHAVIOUR YES NO EXPLAIN _____

CAPACITY TO RECOGNIZE REALITY

YES NO EXPLAIN _____

ABILITY TO MEET ORDINARY DEMANDS OF LIFE

YES NO EXPLAIN _____

Patient Name

FOR PATIENTS IN PARTIAL REMISSION

IS THE PARTIAL REMISSION THE RESULT OF TREATMENT? YES NO

DOES THE RESPONDENT HAVE INSIGHT INTO THE CAUSE OF THE CURRENT REMISSION?

YES NO EXPLAIN _____

DOES THE RESPONDENT HAVE SUFFICIENT INSIGHT INTO HIS/HER CONDITION TO CONTINUE TREATMENT OR SEEK IT WHEN NEEDED?

YES NO EXPLAIN _____

DOES THE RESPONDENT HAVE A HISTORY OF DISCONTINUING MEDICATION AND/OR NOT KEEPING APPOINTMENTS FOR TREATMENT?

YES NO EXPLAIN _____

IF SUCH A HISTORY EXISTS, DID THE DISCONTINUANCE OF TREATMENT EVER RESULT IN THE IMPOSITION OF A COURT-ORDERED TREATMENT?

YES NO EXPLAIN _____

IF RELEASED FROM COMMITMENT, IS THE RESPONDENT LIKELY TO DISCONTINUE MEDICATION AND/OR OTHER TREATMENT?

YES NO EXPLAIN _____

Based on the foregoing, is there a substantial likelihood that the respondent's freedom from court-ordered treatment would result in at least one of the following: (Circle answer for each – If yes, explain each)

YES NO A substantial risk of physical harm to him/herself that would likely be manifested by threats of, or attempts at, suicide or serious self-inflicted bodily harm. EXPLAIN _____

YES NO A substantial risk of physical harm to others that would likely be manifested by homicidal or other violent behavior, threats that place another in reasonable fear of violent behavior and serious physical harm, or other dangerous behavior. EXPLAIN _____

Patient Name

FOR PATIENTS IN PARTIAL REMISSION

YES NO A substantial and immediate risk of serious physical impairment or injury to him/herself that would likely be manifested by inability to provide for and failure to provide for his/her basic needs because of mental illness and the unavailability of appropriate provision for such needs in the community. EXPLAIN _____

YES NO Need for the treatment that would likely be manifested by behavior that creates a grave and imminent risk to substantial rights of others or him/herself, and the respondent would benefit from treatment in a hospital for his/her mental illness. EXPLAIN _____

DIAGNOSIS: _____

PROGNOSIS: _____

TREATMENT PLAN & GOALS

MEDICATION (blood levels if applicable) _____

Patient Name

FOR PATIENTS IN PARTIAL REMISSION LEAST RESTRICTIVE SETTING:

INPATIENT HOSPITALIZATION _____

OUTPATIENT COURT ORDERED TREATMENT _____

VOLUNTARY OUTPATIENT TREATMENT _____

(Please see attached Application for Voluntary Treatment)

Signature of Attending Physician

Date Respondent Examined _____

Case Manager's Report – Continuation of Community Probate

IN THE MATTER OF: _____ CASE NO. _____
HEARING DATE: _____
FACILITY _____

ANSWER ALL QUESTIONS

How long have you been this client's case manager? _____

When did you most recently see or talk with the client? _____

What symptoms of mental illness did you observe in your most recent contact? Explain.

If you have known the client when s/he was hospitalized in the past, how do the client's current symptoms compare with the symptoms at the time of hospitalization? Explain.

or _____ I have not known the client while hospitalized.

Does the client know that s/he has a serious mental illness?

Yes No Sometimes Other _____

Does the client have enough understanding of his/her mental illness to continue treatment or seek it when needed?

Yes No Not Sure _____

Does the client have a history of not keeping appointments for treatment or stopping medications?

Yes No Explain _____

Patient Name

Do you believe the client would discontinue treatment or medication if not under community probate?

Yes No Not Sure _____

Is the client currently taking medication?

Yes No Not Sure

If medication is prescribed, what is it?

Not Prescribed
Medication (s) _____

Is there a diagnosis in the client's chart? If so, what is it?

None in Chart
Diagnosis _____

Is the client dangerous to self when not taking medication or when seriously ill:

Yes No If yes, give examples _____

Is the client dangerous to others when not taking medication or when seriously ill:

Yes No If yes, give examples _____

Is this client unable to take care of his/her own basic needs (such as food, clothing, shelter, cleanliness) when not taking medication or when seriously ill?

Yes No If yes, give examples _____

Patient Name

Do you think this client should be continued on community probate?

Yes No Why? _____

Signature of Case Manager

Date of Report

Case Manager's Phone Number

APPLICATION FOR VOLUNTARY TREATMENT

Name: _____ Agency / Facility: _____

Court Case No _____ Hrg, Date: _____ Psychiatrist: _____

RIGHTS AND RESPONSIBILITIES AS A VOLUNTARY PATIENT

1. Your doctor has recommended that you become a voluntary patient because s/he believes you have demonstrated the necessary responsibility and understanding of your illness and treatment plan so that further court supervision is no longer necessary.
2. If you continue to keep up with your treatment plan, it is likely that you will continue feeling well and be able to carry on your life at home as a voluntary patient.
3. Your treatment plan can include the following plus other types of care:
 - a. Medication
 - b. Appointments with your doctor
 - c. Meetings with your case manager
 - d. Any treatment that your doctor and case manager recommend
4. If you decide that you are dissatisfied with your treatment or that you are going to discontinue treatment, it is important to discuss your concerns with your doctor so that you will have an understanding of any medical consequences, which could result from having made such a decision.
5. If you discontinue treatment, and you become ill again, your doctor and case manager will continue to offer you treatment on a voluntary basis. However, if you continue to refuse treatment and your condition deteriorates to the point where you are dangerous to yourself or others, someone could file a probate affidavit and you could possibly be involuntarily hospitalized.

I have read and understand the information above.
My questions about being a voluntary patient have been answered.

At this time, I request to be treated as a voluntary patient.

Patient's Signature

Physician's Signature

Date

Date