

Onondaga County Division of Mental Health Services (OCDMHS)

MHL §9.45 Involuntary Transport Supporting Documentation

If this supporting documentation is not filled out properly, it may lead to the Order not being executable or delayed.

- Procedure:**
1. Contact applicable Law Enforcement Agency to coordinate transport.
 2. Fax § 9.45 and supporting documentation to Law Enforcement
 3. Contact preferred hospital by phone:
 - a. CPEP (315-448-6555)
 - b. Upstate Downtown ER (315-464-5614)
 - c. Upstate Community (315-492-5535)
 4. Fax Form OMH 474A/476A and supporting documentation to:
 - a. CPEP (315-726-8666)
 - b. Upstate Downtown ER (315-464-6520)
 - c. Upstate Community (315-492-5222)
 5. Fax §9.45 Form and Supporting Documentation to the DCS at OCDMHS (315-435-3279)

Name (of Person in Crisis): _____ Today's Date: _____

Address: _____ DOB: _____

Gender: Male Female Other Description (height/weight/race): _____

Name of Individual reporting this concern: _____ Relationship: _____

Name (please fill out all)	Cell Phone	Alternative Phone	Email
DCS/Designee taking this report			
Primary Point Person for this order			
Secondary Point Person for this order			

*These individuals may be contacted for additional information or consultation until the person has been transported.

Does the individual have a history of mental illness? Yes No Unknown
Diagnosis: _____

Is individual currently in treatment? Yes No Unknown
Name of Agency or Practitioner: _____

Is individual prescribed medication? Yes No Unknown
Type & Dose: _____

Are any family members involved? Yes No

Name	Relationship	Contact Information
_____	_____	_____
_____	_____	_____

For CHILDREN, is custodial parent/legal guardian involved? N/A Yes No
Name: _____ Phone: _____

Will the individual voluntarily go to the CPEP or Upstate? Yes No

What alternative interventions have been tried to address the need for this order and with what response (e.g. Mobile Crisis Team or Home Visit)? _____

Description of current behavior that supports "imminent and substantial risk of serious harm": _____

Is this a pattern of decline/decompensation? Yes No
Observed by: _____ Phone: _____

Does the individual have history of assaultive behavior or potential to act out when Police arrive? Yes No
Please list any potential dangers in home (weapons, animals, size of client, etc.) _____