OBH-1 (PEC)
Rev. 08/2025

Complete Prior to Admission

STATE OF LOUISIANA
LOUISIANA DEPARTMENT OF HEALTH – OFFICE OF BEHAVIORAL HEALTH
PHYSICIAN'S EMERGENCYCERTIFICATE

For observation, diagnosis, and treatment at a treatment facility for a period not to exceed 15 days, or 28 days, for substance abuse (Title 28:52.4). See Louisiana Revised Statutes, Title 28, Sections 53 and 63. These directives must be fulfilled in order for this certificate to be valid.

NAME OF EXAMINING PHYSICIAN:	EXAMINATION DATE:	EXAMINATION TIME:
ADDRESS OF EXAMINING PHYSICIAN:		

PATIENT DATA

NAME OF PATIENT			
ADDRESS OF PATIENT			
RACE	SEX ☐ M ☐ F	DATE OF BIRTH	BIRTHPLACE
MARITIAL STATUS ☐ S ☐ M ☐ D ☐ W ☐ SEP	MILITARY STATUS ☐ VETERAN ☐ NON-VETERAN	RELIGION	
NAME OF NEAREST RELATIVE, FRIEND, OR GUARDIAN		RELATIONSHIP	
ADDRESS		PHONE NUMBER	

CHECK:
☐ Mental Illness or Substance Abuse (15 Day) ☐ Substance Abuse (28 Day) ☐ 1st ☐ 2nd Order For Protective Custody Date: _____

FINDINGS OF EXAMINATION

HISTORY OF PRESENT ILLNESS (REASONS FOR ADMISSION, INCLUDING BEHAVIOR, ACTS, THREATS, ETC.)

PHYSICAL FINDINGS (MEDICAL HISTORY, CURRENT MEDICATIONS, ETC.)

MENTAL CONDITION (ORIENTATION ,MOOD, THOUGHT CONTENT, AFFECT, ANY HALLUCINATIONS OR DELUSIONS)

PREVIOUS PSYCHIATRIC TREATMENT ☐ INPATIENT ☐ OUTPATIENT	DATE OF TREATMENT	PLACE, IF KNOWN

IS PATIENT CURRENTLY:
☐ SUICIDAL ☐ HOMICIDAL ☐ VIOLENT

I am of the opinion that the above person named is in need of immediate psychiatric treatment in a treatment facility because he/she is seriously mentally ill or suffering from substance abuse so that he/she is (check where appropriate in both 1 & 2):

1. ☐ Dangerous to self ☐ Dangerous to others ☐ Gravely disabled
2. ☐ Unwilling ☐ Unable to seek voluntary admission ☐ Willing to seek voluntary admission upon arrival at the treating facility

SIGNATURE OF EXAMINING PHYSICIAN	LA MEDICAL LICENSE NUMBER	DATE SIGNED	TIME SIGNED

Completion of above certificate shall constitute legal authority to transport patient to the following facility:

1. _____

2. _____

To be transported by: _____ Relationship to patient: _____

ORIGINAL TO HOSPITAL – ONE COPY TO EXAMINING PHYSICIAN