Onondaga County Division of Mental Health Services (OCDMHS)

MHL §9.45 Involuntary Transport Supporting Documentation

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 a history of assaultive behavior or potential to act out when Law Enforcement arrives?
(Please also note any weapons or animals in the home, size of client, etc.) _____ □ Yes   □ No

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

Procedure:
1. Contact Law Enforcement Agency
2. Fax § 9.45 and supporting documentation to Law Enforcement
3. Contact CPEP (315-448-6555) or Upstate ER
4. Fax Form OMH 474A/476A and supporting documentation to CPEP (315-726-8666) or Upstate
5. Fax §9.45 Form and Supporting Documentation to the DCS at OCDMHS (315-435-3279)