DMH 892E 1006-B 11/87
Approved by the Attorney General

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

APPLICATION FOR VOLUNTARY ADMISSION TO A STATE HOSPITAL OR OTHER FACILITY IN VIRGINIA

PURSUANT TO SECTION 37.1-67.2, CODE OF VIRGINIA (1950), as AMENDED

TO: The Director _____
(Insert name of Hospital or other Facility)

At _____

I, _____, hereby apply for admission as a
(Name of applicant)

voluntary patient for care and treatment as _____
(Indicate whichever is applicable: Mentally Ill, Mentally Retarded, Alcoholic or Drug Addict)

and I agree to hospitalization and treatment in the aforementioned facility for 72 hours, unless sooner discharged by the director. Furthermore, I agree to give the facility 48 hours notice of my desire to leave and to remain in the facility during this notice period unless sooner discharged by the director.

Signed _____
Patient

Co-Signed _____
Parent or Guardian, if patient is a minor

The applicant appeared before me this _____ day of _____, 20____ and, as required by law, has agreed to accept voluntary admission and treatment at the aforementioned facility under the above terms and conditions.

_____
Judge or Special Justice

(Type or Print)

Name _____
Parent or Guardian, if patient is a minor

Title _____

Address _____

PATIENT'S ADMISSION INFORMATION

DATE _____ ADDRESS _____
Street, Route No.

_____ _____ _____ _____
City or County | Post Office | State | Zip Code

Race _____ Birth Date _____ Sex _____

I, the Director or authorized admitting physician, certify that the provisions regarding the rights of a voluntary patient have been explained and the above named applicant is accepted as a voluntary patient.

Signed _____
Director or Admitting Physician

Date Admitted _____ 20 _____ Hour _____ a.m./p.m.

Register Number _____