



**EMERGENCY MENTAL HEALTH HOLD APPLICATION**

C.R.S 27-65-106, as amended.

Date/Time Involuntarily Detained:

Individual's Name: Case/Event No. (Law Enforcement Only):

Address (Street, City, County, State, Zip Code): Date Of Birth: Primary Language:

Place Of Contact: Race/Ethnicity: Sex: Gender Identity:

Current Psychiatric Care (where/provider name):

Previous Psychiatric Care (where/provider name/when):

Name Of Person Reporting Individual's Condition to Undersigned:

Nearest Relative (Name): Relationship:

Address (Street, City, County, State, Zip Code): Phone:

**Individual's Presenting Symptoms** *(Select all that support probable cause for emergency procedures)*

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|--|--|
| <p><b>Physical Activity:</b></p> <p><input type="checkbox"/> Agitated      <input type="checkbox"/> Elevated</p> <p><input type="checkbox"/> Lethargic      <input type="checkbox"/> Isolated</p>  | <p><b>Emotional Reaction/Attitude:</b></p> <p><input type="checkbox"/> Aggressive      <input type="checkbox"/> Suspicious      <input type="checkbox"/> Excited      <input type="checkbox"/> Withdrawn</p> <p><input type="checkbox"/> Euphoric      <input type="checkbox"/> Sad      <input type="checkbox"/> Angry      <input type="checkbox"/> Manic</p> <p><input type="checkbox"/> Confused      <input type="checkbox"/> Indifferent      <input type="checkbox"/> Scared</p>  |
| <p><b>Dress/Hygiene:</b> <input type="checkbox"/> Clean      <input type="checkbox"/> Dirty</p> <p><input type="checkbox"/> Tidy      <input type="checkbox"/> Unkempt</p> <p><input type="checkbox"/> Eccentric</p> <p><input type="checkbox"/> Inappropriate</p> | <p><b>Speech:</b></p> <p><input type="checkbox"/> Screaming      <input type="checkbox"/> Over-talkative      <input type="checkbox"/> Dramatic      <input type="checkbox"/> Mumbling</p> <p><input type="checkbox"/> Rambling      <input type="checkbox"/> Under-talkative      <input type="checkbox"/> Forceful      <input type="checkbox"/> Silent</p> <p><input type="checkbox"/> Nonsensical      <input type="checkbox"/> Shouting      <input type="checkbox"/> Controlled      <input type="checkbox"/> Monotone</p> <p><input type="checkbox"/> Illogical      <input type="checkbox"/> Normal      <input type="checkbox"/> Variable</p> |

**Expressions:**

|  |   |   |
|--|---|---|
| <input type="checkbox"/> Suicidal thoughts         | <input type="checkbox"/> Grandiose ideas      | <input type="checkbox"/> Suspicious or Paranoid   |
| <input type="checkbox"/> Homicidal thoughts        | <input type="checkbox"/> Bizarre Complaint    | <input type="checkbox"/> Unusual sexual ideas     |
| <input type="checkbox"/> Hearing voices            | <input type="checkbox"/> Overly self-critical | <input type="checkbox"/> Seeing things            |
| <input type="checkbox"/> Ideas of being persecuted | <input type="checkbox"/> Disregard for Danger | <input type="checkbox"/> Flat, lack of expression |

|   |   |
|---|---|
| <p><b>Does individual:</b></p> <p>Know who they are?      <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>Where they are?      <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>Understand reason for hold?      <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> | <p><b>Access to weapon(s)?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p> |
| <p><b>Type(s), Location(s) of weapon(s):</b></p>  |   |

