Law Enforcement Emergency Department Checklist

This form is intended to provide a standardized guide for ED staff when providing services to patients escorted by Law Enforcement and Jail Personnel.

Officer Name/Rank/Title: ____________________________________________

Officer’s Department or Facility: _______________________________________

District/Precinct Name: _______________________________________________

Phone Number: _______________________________________________________

Patient Name: ________________________________________________________

Patient DOB: ____________

ED Staff Name: _______________________________________________________  

Reason for Visit (check all that apply):

☐ Medical Needs
☐ Behavioral Health Needs
☐ Fit for Confinement Evaluation

• Is officer presenting affidavits for Involuntary Detention? ☐ YES ☐ NO
  If Yes:
  1) Review affidavit with officer
  2) Have affidavit notarized

• Is officer requesting hold to release? ☐ YES ☐ NO
  If Yes:
  1) Review reasons for hold with officer
  2) Have Officer begin completion of DETAINEE HOLD ORDER FORM

• Is officer requesting Fit for Confinement Evaluation? ☐ YES ☐ NO
  If Yes:
  1) Review reason for evaluation request
  2) Have officer complete top portion of FIT FOR CONFINEMENT FORM

• Is officer staying until evaluation is complete? ☐ YES ☐ NO
  If NO:
  1) Does officer require follow-up on disposition/transfer? ☐ YES ☐ NO
     If YES,
     Contact Phone Number: ____________________________________________
     Contact Name: ____________________________________________________

Updated 7-19-2010