

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: _____