



## Application for Voluntary Admission – MHI

### Section A

I, the undersigned, desire to enter the \_\_\_\_\_ mental health institute as a voluntary patient for observation, diagnosis, care, and treatment for mental illness.

If admitted, I agree to abide by the rules and regulations of the mental health institute and to give written notice if I decide to leave the mental health institute against the advice of the medical staff.

If, after a diagnostic evaluation and after being informed of the findings that I am or may be suffering from a condition requiring care and treatment and I am admitted as a patient, I hereby voluntarily consent to such care and treatment based on a standard reasonable course of treatment as indicated by sound medical practice including laboratory and x-ray procedures, as determined by the medical staff in consultation with me.

I also understand that there are further courses of treatment available for me for which my further consent, or that of my parent, guardian, or legal representative, shall be required.

Signature of Patient

Date

Witness

Parent, Guardian, or Legal Representative

### Section B

To the \_\_\_\_\_ County Point of Central Coordination, I, \_\_\_\_\_, by my signature above, hereby make application for voluntary admission to the \_\_\_\_\_ mental health institute under sections 229.2 and 229.42, Code of Iowa. I declare that my county of residence is \_\_\_\_\_ County.

### Section C

This application has been made through the \_\_\_\_\_ County Point of Central Coordination process and the voluntary admission is  denied  approved.

The applicant is a resident of the above declared county.

The applicant's declared county is in dispute and the dispute resolution process in Iowa Code section 331.394, subsection 5, will be implemented.

CPC Administrator

Date

### Section D

This application is for the admission of an individual determined to be a state case.

Approved  Denied

Administrator, Mental Health and Disability Services Division Date