



Iowa Department of Human Services

Application for Voluntary Admission – Substance Abuse Treatment

I, the undersigned, desire to enter the _____ mental health institute as a voluntary patient for observation, diagnosis, care, and treatment for substance abuse.

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
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Witness	Parent, Guardian, or Legal Representative
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This application is for the admission of an individual determined to be a state case.

Approved Denied

Administrator, Division of Mental Health and Disability Services	Date
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Admitted for:

Alcoholism Substance abuse

Confidential Patient Information
Unauthorized release of this information is prohibited by law.