

STATE OF MAINE
CERTIFICATE OF MEDICAL PRACTITIONER CONCERNING ENFORCEMENT
OF PROGRESSIVE TREATMENT PROGRAM ORDER

Pursuant to 34-B M.R.S.A. § 3873-A(7)(B) and (8), and in support of the accompanying motion for enforcement of Order of Admission to Progressive Treatment Program pertaining to _____ (the "client"), I hereby certify that:

1. I am a licensed _____ and examined _____ today.
MD/DO/PhD/PA/NP/RN,CS (client)
2. The client has failed to comply with the client's individualized treatment plan, compliance with which was a requirement of admission into the Progressive Treatment Program. The circumstances of noncompliance are as follows: _____

Date

Signature

Printed name

- licensed physician
 registered physician assistant
 certified psychiatric clinical nurse specialist
 certified nurse practitioner
 licensed clinical psychologist
[check one]

[Continue **only if** hospitalization is being sought.] I further certify that:

3. My opinion is that the client has a mental illness and that
 [suicide, self injury] the illness causes a substantial risk of physical harm to the proposed patient because

Symptoms and grounds, including recent actions or behaviors (**threats of or attempts at suicide or serious bodily harm**) caused by illness
 [harm to others] the illness causes a substantial risk of harm to others because

Symptoms and grounds, including recent actions or behaviors caused by illness that placed others in **reasonable fear of violent behavior** or serious harm
 [self protection] the illness creates a reasonable certainty that the proposed patient will suffer severe physical or mental injury or impairment because

Symptoms and grounds, including recent actions or behaviors caused by illness showing proposed patient's **inability to protect self from harm**
4. I have confirmed that adequate community resources are unavailable for care and treatment of this person's mental illness.

Date

Signature

INSTRUCTIONS ON NEXT PAGE

INSTRUCTIONS

This certificate must accompany any request for enforcement of a PTP order.

If the request for enforcement is for something other than hospitalization, only the first two items must be completed.

If the request is for hospitalization, sections 3 and 4 must be completed.