

Mental/ Medical Health Data Element Requirements
Access to weapons, recent violence or pending criminal charges
Action taken by petitioner regarding consent to voluntary examination by Respondent
Actions to be Taken
Additional info
Address of Adult Child
Address of Guardian
Address of Parent
Administrator or Designee Name
Adult Child Name
Affidavit Sworn in County
Age of Patient
Age of Respondent
Agency Representative
Approval of disposition/placement
Assisted Living Facility Status
Attorney Address
Attorney Name
Attorney Representation Status
Attorney Signature Block
Basis for Actions
Basis for Custody
Basis for Relief
Basis for threat to public health
Belief that these actions were result of retardation or disability
Case Manager Assigned
Case manager/case management agency contact phone number
Case manager/case management agency name
Case Name
Case Number
Certificate of Mailing - Date
Certificate of Mailing - Signature of Administrative Law Judge
Circumstance for custody
Clerk Official Name
Competency
Consent to Examination
Converted to Marchman Act
County
County of Residence
Court appointed attorney address

Court appointed attorney name
Court-appointed health care decision-maker address
Court-appointed health care decision-maker name
Criteria 394.463(1)(a)(b)
Criteria and Basis for involuntary examination or treatment
Criteria harm/likely harm
Current Medications
Date Administrator or Designee Signed
Date allegation was made by petitioner or family member
Date allegation was made by Respondent
Date Arrived at Facility
Date Evaluator Signed
Date Executive Director or Chief Clinical Officer Signed
Date Law Enforcement Officer Signed
Date mailed to BA Center
Date of Conversion to Marchman Act
Date of court case petitioner or family member is or was involved in with petitioner
Date of Discharge
Date of exam
Date of hearing
Date of oath
Date of Physician Evaluation
Date of Psychiatric Evaluation
Date of Release
Date of service
Date of Transfer
Date Ordered
Date petition filed
Date Psychiatrist Signed
Date received into custody
Date Second Physician Signed
Date Signed
Date sworn
DCF Custody Status
Decisional Time Frames
Description of allegation by petitioner or family member
Description of allegation by Respondent
Description of behavior
Description of criminal charges pending
Description of current violent behavior

Description of past violent behavior
Description of weapons
Destination after Discharge
Destination after Transfer
Determination of mental illness
Diagnosis of Mental Illness
Discharged
DJJ Status
Does the Respondent have an attorney
DSM Codes
DSM ICD Admission Code Number
DSM ICD Admission Diagnosis
Eligible for Title XX
Ethnicity of Respondent
Evaluator Name
Executive Director or Chief Clinical Officer Signature
Executive Director or Chief Clinical Officer Designation Signature
Executive Director or Chief Clinical Officer Name
Explanation of action taken by petitioner regarding consent to voluntary examination by Respondent
Explanation of condition of terms with Respondent
Explanation of court case petitioner or family member is or was involved in with petitioner
Explanation of inability of family and friends to provide care
Facility Address
Facility Administrator Address
Facility Administrator Name
Facility Name
Facts to support a relief request
Family and Friends ability to provide care to avoid harm to Respondent
Family Member Present - Address
Family Member Present - Name
Family Member Present - Relationship
FMHI Assigned Provider Number
Gender
Gender of Respondent
Good terms with Respondent
Guardian Address
Guardian Advocate Address

Guardian Advocate Consent Authority Given
Guardian Advocate Name
Guardian Advocate Relationship to Respondent
Guardian contact information
Guardian Name
Guardian or Representative Relationship to Respondent
Guardian or Representative Address
Guardian or Representative Name
Guardianship Status
Health insurance coverage
Hispanic Origin
Homeless status
Hospital Name
How long has behavior existed
How long have you known Respondent
In Custody Status
Judge Name
Judge Signature
Judicial Assignment
Judicial Order
Last known address of respondent
Law Enforcement Agency
Law Enforcement Case Number
Law Enforcement Officer Badge or ID number
Law Enforcement Officer Name
Law Enforcement Officer Signature
Legal Guardian Status
Legal Status
Length of stay in treatment facility
License Number
Likelihood of continuing to expose public to health risk
Likelihood to appear at hearing
Likelihood to leave jurisdiction
Location of hearing
Location of Respondent
Location where Respondent held in custody
Medications currently prescribed to Respondent
Mental Health Center Address
Mental Health Center Name
Mental health opinion on if patient should be admitted to facility
Minor Status

Name of Designated Receiving/Treatment Facility
Name of Facility Delivered to
Name of facility to which respondent is referred
Name of Parent
Name of person completing the form
Name of person minor lives with
Name of programs/agencies where less restrictive treatment is inappropriate
Narrative of circumstances
Nature and extent of mental illness
Necessary Infection Control Procedures
Next of Kin - Address
Next of Kin - Name
Next of Kin - Relationship
Non-Compliance with Involuntary Outpatient Placement
Non-State Facility Name
Non-State Facility Type of Service
Notary Public Commission Expire Date
Notary Public Signature
Notice Agency ID
Number of days order expires in
Number of family members
Nursing Home Status
Other Action
Other Action description
Other details
Other Information/Evidence from family, friends, etc.
Other Physician Address
Other Physician Name
Other Respondent Address
Other Respondent Name
Other Witness Address
Other Witness Name
Patient Name
Patient present at hearing
Pending guardianship petition
Person Detained Name
Person or Representative Name
Person or Representative Signature
Person Served
Person who administered the oath name
Personally known

Petition the Court to order an independent expert
Petitioner Address
Petitioner Allegations
Petitioner Name
Petitioner occupation
Petitioner phone number
Petitioner Signature
Petitioner work address
Petitioner Work Phone Number
Physician name
Physician phone number
Physician Signature
Physician/Psychologist Name
Pick up Address
Picture attached
Place of hearing
Previous allegations made by petitioner or family member to law enforcement or court
Previous allegations made by Respondent subject to petition to law enforcement of court about petitioner or family member
Previous involvement in court case by petitioner or family member
Primary language of Respondent
Principal Treating Physician Address
Principal Treating Physician Name
Printed Name and Signature of Administrator or Designee
Printed Name of Administrator or Designee
Private Attorney Address
Private Attorney Name
Profession
Professional Address
Professional License Number
Professional Name
Proposed Actions
Proposed Guardian Address
Proposed Guardian Name
Prospective monthly income
Provider Address
Provider Name
Provider Phone Number
Psychiatrist License Number
Psychiatrist Name
Psychiatrist Name
Public Receiving Facility Name

Race
Reason less restrictive placement is not being used
Reason steps did not work
Reasons for Actions
Recommended Disposition/Placement
Referring facility name
Referring Physician Name
Respondent DOB
Respondent eye color
Respondent hair color
Respondent height
Respondent residence prior to placement in facility
Respondent scars/tattoos
Respondent weight
Respondent access to weapons
Respondent Address
Respondent been combative/violent in the past
Respondent combative/violent now
Respondent currently in custody
Respondent designated in living will, or other document address
Respondent designated in living will, or other document name
Respondent have pending criminal charges
Respondent knowledge of condition from family members
Respondent Name
Respondent Name
Respondent Pseudonym
Respondent Served Name
Respondent Social Security Number
School Status
Second Physician Name
Seen behavior that causes petitioner to believe Respondent will do harm to self or others
Service status
Signature of Administrator or Designee
Signature of Evaluator
Signature of Facility Administrator or Designee
Signature of Professional
Signature of Psychiatrist
Signature of Second Physician
Similar behavior observed
Spouse Address
Spouse Name

State Attorney address
State Attorney name
State Facility Reason for Recommendation
State Mental Health Treatment Facility Recommended
State of Residence
Statement of consent
Statement of Interest
Statement of lack of care will lead to Respondent hurting self
Statement of neglect or harm to self or others
Statement of Observations
Statement of relationship of any court-appointed health care decision-maker to respondent
Statement of Relationship of Guardian Advocate to Respondent
Statement of Relationship of Guardian or Representative to Respondent
Statement of relationship of guardian to respondent
Statement of relationship of other respondent to patient
Statement of Relationship of Other Witness to Respondent
Statement of relationship of Petitioner to Respondent
Statement of relationship of Respondent designated in living will, or other document
Statement of relationship of witness to respondent
Statement of Respondent inability to meet ordinary demands
Statement of Respondent voluntariness
Statement of Respondent is likely to suffer from neglect
Statement of Self Neglect and/or Bodily Harm
Statement of voluntariness
Statement of why Respondent is unable to determine if examination is necessary
Statutory criteria
Steps taken to get Respondent to go to hospital for mental health
Supporting Evidence
Time Executive Director or Chief Clinical Officer signed
Time Judge Ordered

Time Law Enforcement Officer Signed
Time of Evaluation
Time of exam
Time of hearing
Time Psychiatrist Signed
Time received into custody
Time Second Physician Signed
Time Signed
Transferred
Transport - Agreement - Law Enforcement Agency Name
Transport - Agreement - LEO Date Signed
Transport - Agreement - LEO Name
Transport - Agreement - LEO Signature
Transport - Agreement - LEO Time Signed
Transport - Agreement - Respondent Name
Transport - Agreement - Transport Company Name
Transport - Agreement - Transport Representative Date Signed
Transport - Agreement - Transport Representative Name
Transport - Agreement - Transport Representative Signature
Transport - Agreement - Transport Representative Time Signed
Transport - Company Name
Transport - Facility Name
Transport - Facility Taken To
Treating Physician(s) Name
Treatment Alternatives
Type of Admission
Type of case
Type of court case petitioner or family member is or was involved in with petitioner
Type of Facility
Type of form attached
Type of ID if not Personally known
Type of Petition to be Withdrawn
Type of Physician
Type of Professional
Witness Address
Witness Name
Zip Code of Residence