

**FACILITY PHYSICIAN'S CERTIFICATE FOR
TEMPORARY AND IMMEDIATE CARE
CSH-337**

If the facility physician, in conjunction with other interdisciplinary staff finds the client to be a mentally retarded person requiring temporary and immediate care this form must be completed in full and signed by all of the aforementioned. This form sets in motion the procedure for the filing of petition for Continued Habilitation.

Distribution: Medical Record

GEORGIA DEPARTMENT OF
HUMAN RESOURCES

CLIENT IDENTIFICATION

FACILITY PHYSICIAN'S
CERTIFICATE FOR TEMPORARY
AND IMMEDIATE CARE

Name: _____

Address: _____

Telephone: _____

BY AUTHORITY OF 1986 GEORGIA LAWS 1092; O.C.G.A. 37-4-40.2

TO: _____ COUNTY, GEORGIA
(PROBATE COURT/JUVENILE COURT)

The undersigned physician has personally examined _____

at _____ in conjunction with other interdisciplinary staff designated by
the chief executive officer at the facility.

This examination was within 48 hours, Saturdays, Sundays, and holidays excluded, of the client's being received at
this facility.

It is the finding of the undersigned that the above-named person is a mentally retarded person requiring temporary
and immediate care in that the person is mentally retarded AND (a) presents a substantial risk of imminent harm to
himself/herself or others; AND (b) is in need of immediate care, evaluation, stabilization, or treatment for certain
developmental, medical, or behavioral needs; AND (c) for whom there currently exists no available, appropriate
community residential setting for meeting the needs of the person.

Examining Physician

Date

Members of Interdisciplinary Team:

Name, Title

Date

Name, Title

Date

Name, Title

Date

Name, Title

Date

Name, Title

Date

Name, Title

Date