

Placer County Certification Review Hearing

Contesting / No Contest

Date: _____ Advocate: _____

Attending / Not Attending

Name: _____ MediCal? _____ Avatar: _____	
DOB: _____ Diagnosis: _____	
Hearing Officer: _____ Liaison: _____ Doctor: _____	
Admit Date ____/____/____ 5150 Date ____/____/____ DTO / DTS / GD 5250 Date ____/____/____ DTO / DTS / GD 5270 Date ____/____/____ GD Maximum Days Remaining: _____	Hearing Outcome: Probable Cause: Yes No Grounds: DTO DTS GD Writ Request: Yes No Aware Postponed to: _____ Discharged / Signed Voluntary

GRAVE DISABILITY

OK to read chart: Yes / No

Housing Plan:

Contact names/numbers:

Eating: Sleeping: ADL's: Groups:

Income: Payee: Meds: OP FU:

Notes:

DTO/DTS: In hospital? Yes/No Thoughts or plans now: Yes/No Safe to leave: Yes/No

Supports after discharge:

Chart notes: