Ref.: 405 ILCS 5/3-503, 3-507 and 3-508

## **State of Illinois**

## **EXAMINATION OF MINOR FOR ADMISSION OR CONTINUED HOSPITALIZATION**

Re:				
		(name)		
On:	,	at		M., I personally examined the above
	(date)	(year)	(time)	
named r	minor. The examination was conducted at			
Based or	n the foregoing examination it is my opinion tha	t he or she:		
	has a mental illness or emotional disturbance likely to benefit from inpatient treatment.	of such seveirty th	nat hospitalizatio	on is necessary and that the minor is
	is not clinically appropriate for admission or c	ontinued hospitaliz	ation.	
My opin	ion is based on the following:			
The follo	owing alternatives to hositalization have been e	xplored:		
		Signed	d:	
		Title:		
		Addres	ss:	
		Date:		
me, and Additiona	ally informed the above-named individual of the that any statements made may be relayed in coally, if the individual is assessed to be mentally, relative or friend before speaking to me.	ourt as to that indiv	idual's clinical c	ondition or need for service.
				Signed

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