



5. The conclusion that the person is dangerous or disabled is based on the following: \_\_

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6. The conclusion that all available alternatives have been investigated and deemed inappropriate is based on the following: \_\_\_\_\_

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\_\_\_\_\_  
Physician's Signature

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

**ADDENDUM NO. 1  
PERSISTENTLY OR ACUTELY DISABLED**

RE: \_\_\_\_\_

**IF PERSISTENTLY OR ACUTELY DISABLED:**

1. Does the person have a severe mental disorder that, if not treated, has a substantial probability of causing the person to suffer or continue to suffer severe and abnormal mental, emotional, or physical harm that significantly impairs judgment, reason, behavior, or capacity to recognize reality?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide the facts that support this conclusion: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Does the severe mental disorder substantially impair the person's capacity to make an informed decision regarding treatment?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide the facts that support this conclusion: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 2a. Does this impairment cause the person to be incapable of understanding and expressing an understanding of the advantages and disadvantages of accepting treatment, and understanding and expressing an understanding of the alternatives to the particular treatment offered?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide the facts that support this conclusion: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 2b. Were the advantages and disadvantages of accepting treatment explained to the person?  
Yes \_\_\_\_\_ No \_\_\_\_\_

- 2c. Were the alternatives to treatment and the advantages and disadvantages of such alternatives explained to the person?  
Yes \_\_\_\_\_ No \_\_\_\_\_

- 2d. Explain the specific reasons why the person is incapable of understanding and expressing an understanding of the explanations described in 2a, 2b, and 2c: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Is there a reasonable prospect that the severe mental disorder is treatable by outpatient, inpatient, or combined inpatient and outpatient treatment?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the facts that support this conclusion: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDENDUM NO. 2  
GRAVELY DISABLED**

RE: \_\_\_\_\_

**IF GRAVELY DISABLED:**

1. Is the person's condition evidenced by behavior in which s/he, as a result of a mental disorder, is likely to come to serious physical harm or serious illness because s/he would be unable to provide for his/her basic physical needs without hospitalization?

2. If Yes, explain how his/her mental disability affects his/her ability to do the following and how any inability might harm him/her.  
Provide examples, if available, to support your conclusion:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

a. Provide for food: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Provide for clothing and maintain hygiene: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Provide for shelter: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. Obtain and maintain steady employment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

e. Respond in an emergency: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

f. Care for present or future medical problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

g. Manage money: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

h. Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_