

**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION
AND SUBSTANCE ABUSE SERVICES**

**APPLICATION FOR VOLUNTARY ADMISSION
TO A STATE HOSPITAL OR OTHER FACILITY IN VIRGINIA
PURSUANT TO SECTION 37.1-67.2, CODE OF VIRGINIA (1950), as AMENDED**

TO: The Director Tucker Pavilion Hospital // Richmond Community Hospital // Medical College of Virginia
(Insert name of Hospital or other Facility)

At Richmond, Virginia

I, _____, hereby apply for admission as a
(Name of applicant)

voluntary patient for care and treatment as Mentally Ill / Mentally Retarded / Alcoholic / Drug Addict
(Indicate whichever is applicable: Mentally Ill, Mentally Retarded, Alcoholic or Drug Addict)

and I agree to hospitalization and treatment in the aforementioned facility for 72 hours, unless sooner discharged by the director. Furthermore, I agree to give the facility 48 hours notice of my desire to leave and to remain in the facility during this notice period unless sooner discharged by the director.

Signed _____
Patient

Co-Signed _____
Parent or Guardian, if patient is a minor

The applicant appeared before me this _____ day of _____, 20_____
and, as required by law, has agreed to accept voluntary admission and treatment at the aforementioned facility under the above terms and conditions.

Judge or Special Justice

(Type or Print)

Name _____
Parent or Guardian, if patient is a minor

Title _____

Address _____

PATIENT'S ADMISSION INFORMATION

DATE _____ ADDRESS _____
Street, Route No.

City or County Post Office State Zip Code

Race _____ Birth Date _____ Sex _____

I, the Director or authorized admitting physician, certify that the provisions regarding the rights of a voluntary patient have been explained and the above named applicant is accepted as a voluntary patient.

Signed _____
Director or Admitting Physician

Date Admitted _____ 20 _____ Hour _____ a.m./p.m.

Register Number _____