

**ADDENDUM TO SINGLE BED CERTIFICATION FORM**  
**(Send this page to NSMHA only)**

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Client Name: \_\_\_\_\_ Client DOB: \_\_\_\_\_

Consumer detained to a non-certified bed on 72 –hour detention or 14-day commitment. This includes Emergency Department (ED) and medical floors in facilities that have a certified Evaluation and Treatment unit. Indicate bed type:

- ED
- Medical

Board start Date: \_\_\_\_\_ Board Start Time (military time): \_\_\_\_\_ Est. Stay (<30 days): #Days \_\_\_\_\_  
Est. End Date: \_\_\_\_\_

Does individual have a co-morbid issue? If yes, indicate type:  Medical  Substance

**To be completed by Court Liaison or other staff at the DMHP Office**  
**Instructions:**

- Complete this page
- Fax completed form to North Sound Mental Health Administration at **360-416-7017**.

Accepting E&T: \_\_\_\_\_

Board End Date: \_\_\_\_\_

Board End Time (military time): \_\_\_\_\_