



**COHESIVE HEALTHCARE MANAGEMENT & CONSULTING**

**Mangum Regional Medical Center**

**THIRD PARTY STATEMENT**

The Third Party Statement may be filled out by anyone who is concerned about the patient’s safety or who witnessed concerning behavior (i.e. family, friend, nurse, physician).

The Third Party Statement **MUST** have enough detailed information to justify the placement of the patient into protective or police custody (it cannot simply say “suicidal;” it must list specific examples of how the patient has been a danger to him/herself or others within the past 24 hours).

I, \_\_\_\_\_ the undersigned being \_\_\_\_\_ years of age, declare:

I observed the activities or incidents as described below by (name of person under concern):

\_\_\_\_\_

at (location): \_\_\_\_\_ in \_\_\_\_\_ County, Oklahoma.

Time of occurrence: \_\_\_\_\_ AM/PM      Date of occurrence: \_\_\_\_/\_\_\_\_/\_\_\_\_.

Statement of Observation (describe in detail activity or incident personally observed):

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

Based upon the behavior I personally observed, I have reasonable belief that this person has a condition to a degree that immediate emergency action is necessary.

I, the undersigned attest to the above statement to be factual and true to the best of my knowledge.

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Name (Print)*

*Date*

\_\_\_\_\_

*Name (Signature)*

\_\_\_\_\_

*Address*

*City & State*

*Zip*