

DISCHARGE OF THE BAKER ACT WITHIN 24 HOURS OF ARRIVAL

DESTEFANO LAWREANCE

ID DOB ANNIV DT SEX

0086253 07/21/60 10/26/05 M

I approve the release of _____

_____, a person brought to

Lakeside Alternatives, Inc

check one of the below):

** involuntary examination pursuant to FSS 394.463. I have determined that he/she does not meet the criteria for involuntary inpatient placement pursuant to FSS 394.467 based upon one or more of the following reasons:

OR

* voluntary admission pursuant to FSS 394.4625. I have determined that he/she does not meet the criteria for inpatient treatment and may be discharged for the following reasons: *

(Must check one or more of the below)

Does not suffer from mental illness, as defined in s. 394.455(18)

Has not refused placement OR is able to determine for himself or herself that placement is necessary

Is not likely to suffer from neglect posing a real and present threat of substantial harm nor is there substantial likelihood that in the near future he/she will inflict serious bodily harm to self or others as evidenced by recent behavior causing, attempting, or threatening such harm

There are less restrictive treatment alternatives available offering an opportunity for improvement of his/her condition. Specify: _____

Other. Specify: _____

Observations upon which this determination was made are: At 02:14 good spirits,

6564 W/Pat present of prior psych hx of SA/hf. It is in the midst of a lawsuit in which he is the plaintiff - He says his statements were misunderstood he cares about life, enjoys his job & his son (whom he sees weekly) & his GF. He is angry at the defendants but plans to channel his anger through legal means (lawsuit, media). He is a PT and has carried a 45 cal gun & money yesterday.

This assessment is based on a face-to-face examination conducted by the individual listed below on the date and time indicated.

Gerald J. Balsam, MD
Signature of Psychiatrist Clinical Psychologist

ME 3057
License Number nov 24
coherent.

GERALD J. BALSAM, MD
Typed or Printed Name of Examiner

10/27/05
Date 7 am pm
Time

* This Form may be completed as evidence of a face-to-face psychiatric evaluation and will be filed in the clinical record of each person where the provider is discharging the Baker Act within 24 hours of arrival at the Receiving Facility.

** This Form shall also be completed when approving the release/discharge of an involuntary client and shall be used in conjunction with the "Notice of Release or Discharge" (CF-MH 3038)