**PCOA**

HOSPITAL NAME

Address

City/State/Zip

Telephone Number

Email Address

**DISTRICT COURT**

**CLARK COUNTY, NEVADA**

|  |  |  |
| --- | --- | --- |
| In the Matter of the Hospitalization ofPATIENT'S NAMEDOB:       Alleged to be Mentally Ill Person | )))))))) | Case No.:      Dept. No.: VIIHearing Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hearing Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## UPDATE ON MEDICAL CONDITION AND TREATMENT

Pursuant to NRS 433A.160 and 433A.165, the Petitioner files the attached update, which is provided every 7 days after the filing of the initial petition. The attached Provider Certificate (EXHIBIT 1) details the current medical condition and treatment of the above-named patient.

Dated: .

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Petitioner's Name

Petitioner

**EXHIBIT 1**

**PROVIDER CERTIFICATE**

**PROVIDER CERTIFICATE**

1. I, Petitioner's Name, am a

[ ]  Physician;

[ ]  Physician’s Assistant;

[ ]  Advanced Practice Registered Nurse;

1. I am licensed to practice in the State of Nevada. My license number is      .
2. On Date of Examination, I examined PATIENT'S NAME, (the “Patient”) in order to determine if this patient continues to present a medical issue, other than a psychiatric problem, which requires continued medical treatment. Based on my examination of the Patient, review of the Patient’s available medical records (if any) and review of any available test results of the Patient, I determined that the Patient continues to suffer from the following medical condition(s):

MEDICAL CONDITION(S).

1. Due to the Patient’s medical condition, the Patient continues to requre the following medical treatment:

MEDICAL TREATMENT(S).

1. This treatment is expected to take approximately       days to complete.

The Patient was admitted to HOSPITAL NAME to receive this treatment.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

Dated:  .

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Petitioner's Name

Petitioner