"BHU Behavior Contract"

UnityPoint Health
Allen Hospital

Date:_____Time: _____

INSTRUCTIONS: Place check in appropriate box(es). Fill in the blanks where indicated. Orders without boxes/blanks are active unless crossed out.

☐ I,_____, hereby make application for admission to Allen Hospital Mental Health Unit for psychiatric evaluation and treatment.

☐ I acknowledge I have received a copy of the Mental Health Patient Brochure and information on Advanced Directives.

☐ I understand that the Mental Health Unit is a non-smoking and tobacco free facility. Nicotine replacement therapy will be available if indicated by my physician along with other supportive techniques.

☐ I understand that my room can be seen at all times on a camera at the nurses' desk. To protect my privacy, I have been informed that I will need to groom and dress in my room's bathroom.

_____
Patient Signature

_____
Next of Kin or Guardian (if patient is a minor)

_____
Relationship

Witness:

_____

Consent For Admission To The Mental Health Unit Rev. 10/18
Allen Hospital
Waterloo, IA 50703

Patient Label