

**“No Harm”: Physician Certification  
(pursuant to CT PHC, Section 19-13-D13)**

<b>Patient’s Name:</b>			
<b>Referral Source:</b>			
<b>Patient’s Date of Birth:</b>		<b>Patient’s Gender:</b>	
<b>Patient’s Present Location:</b>			
<b>Patient’s Responsible Party:</b>			
<b>Patient’s Diagnoses:</b>			
<b>Patient’s Prognosis:</b>			
<b>Patient’s Known Previous Psychiatric Hospitalizations:</b>			

**CERTIFICATION PURSUANT TO CPHC Section 19-13-D13**

- (a) The Patient has been evaluated by the undersigned,
- (b) The undersigned is a a physician licensed to practice medicine and surgery in Connecticut who has completed graduate residency training approved by the American Board of Psychiatry and Neurology
- (c) It is the opinion of the undersigned that the applicant may be cared for in a chronic and convalescent nursing home, without injury to the patient or persons or property
- (d) The undersigned hereby recommends that the applicant may be appropriately cared for in a licensed chronic and convalescent nursing home.

Additional Information, if needed:
------------------------------------

\_\_\_\_\_  
**Physician’s Signature**

\_\_\_\_\_  
**DATE**