

### Certification of Need for Highly Restrictive Procedure

To be signed by a psychiatrist, psychologist or psychological associate

**Please type or print clearly**

Facility Name	Vendor Number
Individual's Name	Social Security Number

<b>Department Use</b>
Case Number (to be assigned by SDM)

Practitioner <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Psychologist <input type="checkbox"/> Psychological Associate	
Practitioner's Name	Office Area Code and Phone Number
Office Address (Street, City, State, ZIP)	Fax Area Code and Phone Number

I have been treating this individual since \_\_\_\_\_.

This individual exhibits the following characteristics and maladaptive behaviors that indicate the need for programmatic intervention:
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**Previous Therapeutic Intervention:**

Previous therapeutic interventions that have been employed to address this individual's maladaptive behavior are indicated: <input type="checkbox"/> Below <input type="checkbox"/> Attached
Previous therapeutic interventions have been judged to be ineffective in addressing this individual's maladaptive behavior for the following reasons:

**Proposed Highly Restrictive Procedure:**

The following highly restrictive procedure is proposed:
I developed the plan for implementation of this highly restrictive procedure: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, the plan was developed by: Name: _____ Occupation: _____ Employer: _____ Office Phone Number: _____

Department Use

Case Number  
(to be assigned by SDM)

**Risks and Benefits:**

a. The risks of the proposed highly restrictive procedure are indicated: <input type="checkbox"/> Below <input type="checkbox"/> Attached
b. The risks of not employing the proposed highly restrictive procedure are indicated: <input type="checkbox"/> Below <input type="checkbox"/> Attached
c. The reasons the potential benefits of the proposed highly restrictive procedure outweigh the risks are indicated: <input type="checkbox"/> Below <input type="checkbox"/> Attached

**Risks and Benefits:** You may attach prepared documents that state the risks and benefits of the proposed highly restrictive procedure specified, however, all questions must be addressed on this Certification of Need form.

**Alternatives:**

a. Alternative interventions or procedures that were considered, but not attempted, are indicated: <input type="checkbox"/> Below <input type="checkbox"/> Attached
b. The risks of the alternatives listed are indicated: <input type="checkbox"/> Below <input type="checkbox"/> Attached
c. The proposed highly restrictive procedure is preferred to the indicated alternatives, because:
d. The alternatives were: <input type="checkbox"/> Attempted, but unsuccessful <input type="checkbox"/> Not attempted and rejected

**Explanation:**

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**Concurrent Therapeutic Interventions:**

Concurrent therapeutic interventions, which will be employed with the proposed highly restrictive procedure to address this individual's maladaptive behavior, are indicated: <input type="checkbox"/> Below <input type="checkbox"/> Attached

In your opinion, does the individual understand the proposed procedure risks, benefits and alternatives? <input type="checkbox"/> Yes <input type="checkbox"/> No
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The individual's expressed opinion about the procedure, if any, is:   
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<b>Department Use</b>
_____ Case Number (to be assigned by SDM)

The above information and statements are, to the best of my knowledge, truthful and complete.

_____ Printed Name – Psychiatrist/Psychologist/Psychologist Associate	_____ Signature – Psychiatrist/Psychologist/Psychologist Associate	_____ Date
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If someone other than the psychiatrist, psychologist or psychological associate completed this Certification of Need form, provide the following information about that person:

_____ Printed Name	_____ Signature	_____ Date
_____ Title	_____ Employer's Name	

Send completed form to:  
Surrogate Decision Making Program  
Texas Department of Aging and Disability Services  
Consumer Rights and Services  
701 West 51<sup>st</sup> St.  
Mail Code E-249  
Austin, TX 78751

If you have questions or need assistance:  
Call: 512-438-4275 / 512-438-4193 / 512-438-4573  
Fax: 512-438-2883