

Mental Health Court Referral Form - Side Two

Mental Health/Medical

Psychiatric Diagnosis: _____

Psychiatrist: _____ Address: _____

City: _____ State: _____ Telephone Number: _____

Psychologist/ Other Clinician _____ Address: _____

City: _____ State: _____ Telephone Number: _____

Medication/Dosage _____

Medication/Dosage _____

Medication/Dosage _____

Medication/Dosage _____

Have you ever been hospitalized for psychiatric reasons? Yes No

Where: _____ Dates: _____

Where: _____ Dates: _____

Where: _____ Dates: _____

Medical Issues Yes No Diagnosis _____

Medication/Dosage _____

Medication/Dosage _____

Substance Abuse

Please List all Drugs you have experimented with

Drug: _____ Age of First Use _____ Frequency _____

Drug: _____ Age of First Use _____ Frequency _____

Drug: _____ Age of First Use _____ Frequency _____

Drug: _____ Age of First Use _____ Frequency _____

Signature: _____ Date: _____

Attorney Signature _____ Date: _____

I acknowledge that my client is applying for Mental Health Court.

Mental Health Court Referral Form

Personal Information

Last Name: _____ First Name _____

Address: _____

City: _____ State: _____ Zip: _____ Phone#: _____ Date of Birth: _____

Race _____ Ethnicity _____ Sex Assigned at Birth: Male Female Intersex

Social Security Number _____ Drivers License Number _____

Marital Status: Married Single Divorced Widower Living as Married

Spouse Name _____ Number of Children _____ Pregnant? N/A Yes No

Education

Highest Grade Completed: _____ Current School: _____

Reading Problem: Yes No Writing Problem: Yes No Did you have an I.E.P.: Yes No

Employment/Benefits

Source of Income: _____ Employer: _____

Occupation: _____ Insurance: Yes No Company: _____

Policy, Group and ID Number: _____

Social Security Benefits: Yes No Medicare: Yes No Medicaid: Yes No Denied

Benefits: Yes No Reason: _____ Date: _____

Benefits Stopped: Yes No Reason: _____ Date: _____

Criminal History

Current Charge: _____ Attorney: _____

Other Cases Pending: Yes No Out of County Case: Yes No (If yes, list under comments)

Currently on Probation: Yes No Officer _____ Parole: Yes No Agent _____

Have you completed or been discharged from a Mental Health Court Program in the past three years? Yes No When? _____ Where? _____

Comments _____

Please Fill Out Both Sides of This Form