



Name:

Last, First

Date:

month/day/year

Address:

City:

Phone:

Email Address:

Best time to contact you by phone? (mark "X" next to answer)

Morning: 8a-12p

Afternoon: 12p-5p

What is the name of the person you are referring to Assisted Outpatient Treatment?

What is your relationship to that individual?

Why are you referring this individual to the Assisted Outpatient Treatment Program?

Is this individual currently connected to mental health treatment? (mark "X" next to answer)

Yes

No

If yes, please provide name and contact information for that provider.

Click here to enter text

Concerns Regarding Behavior:

*Threats, Attempts, Acts of Violence towards him/herself or others? Please describe.*

*Interaction with law enforcement (Calls to police department, arrests)?*

History of Mental Health Treatment:

*History of psychiatric treatment in the community (provide dates, contact information, and details – if known)?*

Click here to enter text

*History of psychiatric hospitalizations (provide dates, facilities, and details – if known)?*

Click here to enter text