

ADDITIONAL INFORMATION FOR MENTAL HEALTH PROFESSIONAL EVALUATION

In the Matter of _____
Alleged Mentally Ill

I. POTENTIAL WITNESSES OR CONTACTS, FOR ADDITIONAL INFORMATION:

- (a) **On Scene** (1) Name _____
(2) Relationship _____
(3) Phone contact number(s) _____
- (b) **Wife/Husband:** (1) Name(s) _____
Child/Friends (2) Relationship(s) _____
(circle) (3) Phone contact number(s) _____
- (c) **Legally Responsible** (1) Full Name _____
Guardian/or Power of (2) Relationship _____
Attorney/Parent (3) Phone contact number(s) _____
- (d) **Doctor/Caseworker** (1) Full Name _____
(2) Profession _____
(3) Phone contact number(s) _____

II. ADDITIONAL INFORMATION, IF AVAILABLE, CONCERNING PERSON ON HOLD:

- (a) Military Service: Yes No If yes, where, when? _____
- (b) Criminal Charges?: Yes No : If yes, what charge(s)? _____
- (c) Does this person need to go to Jail if mental illness hold is released? Yes No
If yes, give facility and contact number _____
- (d) Alcohol and/or drugs in body at time of hold (either by lab, self-report, or observation):
List: _____
 Alcohol and/or drug dependency Legally Intoxicated: BAL _____
- (e) Where was the patient medically cleared: _____
[Hospital or ED]
- (f) List any known medications _____

- (g) Other relevant information:

YOUR PRINTED NAME: _____

YOUR PHONE CONTACT NUMBER(S) **CONFIDENTIAL**: _____

YOUR SIGNATURE: _____