

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: Child/Friends (circle) (1) Name(s) (2) Relationship(s) (3) Phone contact number(s)
(c) Legally Responsible Guardian/or Power of Attorney/Parent (1) Full Name (2) Relationship (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: _____