

\*\*\*CONFIDENTIAL\*\*\*

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 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: \_\_\_\_\_