

**DEPARTMENT OF HEALTH & SOCIAL SERVICES**

Name (Last, First:): _____

Date [mm/dd/yyyy]: _____

Address: _____

City: _____

Phone: _____

Your Email: _____

Best time to contact you by phone? Morning: 8a-12p Afternoon: 12p-5p

What is the name of the person you are referring to Assisted Outpatient/Laura's Law? Include birthdate if known.

What is your relationship to that individual?

 Adult Family Member - Describe _____ Adult residing with individual - Describe _____ Director of treating agency/hospital - Describe _____ Treating mental health professional - Describe _____ Peace, parole, probation officer - Describe _____

Why are you referring this individual to the Assisted Outpatient Treatment Program? Describe psychiatric concerns.

Is this individual currently connected to mental health treatment, if known? (please check one box) Yes No *If yes and known, please provide name and contact information for that provider:*

Concerns Regarding Behavior - time frames if known:

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