



Mendocino County
Behavioral Health and Recovery Services
Assisted Outpatient Treatment Referral Form

*****CONFIDENTIAL*****

1120 South Dora, Ukiah, CA 95482
 Phone: (707) 472-2322, Fax: (707) 472-2331
 Referrals can be faxed, phoned, mailed, or dropped off



Individual Completing Referral

Agency:	Name:
Relation to Candidate:	Phone:

Please Note: The basis for ordering a person into Assisted Outpatient Treatment is not a medical model. It is a legal model. The law and the Courts have consistently held that personal freedom is the most important right we possess. The Court is looking for specific legal criteria to be met. Simply stating the diagnosis does not meet the criteria. Simply believing the person is sick and in need of psychiatric treatment does not meet the criteria.

Insufficient details and incomplete fields may delay the referral process **Date:** ____/____/____

Assisted Outpatient Treatment – Candidate Information

First Name:	Last Name:
AKA:	DOB:
SSN:	Gender:
Language:	Race/Ethnicity:
Phone:	
Address:	
<small>(if unknown or homeless please specify general location)</small>	

Insurance: MEDI-CAL MEDICARE Private Unknown Other:
Benefits: GA VA SSI SSDI Pending Unknown Other:

Income: _____ **From:** _____ Unknown

Conservatorship: No Unknown Yes, please list when/where:

Substance Abuse: Never Used Currently Using Past Use Unknown

List substances abused and frequency:

Substance Abuse Treatment: No Yes, please list when/where:

MH Diagnosis: _____ **By:** _____

Receiving Services: No Yes, please identify provider:

MH Treatment Provider: _____ **Organization:** _____

Physician: _____ **Organization:** _____

Medication Compliance: Compliant Often Sometimes Rarely Never Unknown

Current Medications:

Assisted Outpatient Treatment – Criteria

Number of Psych Hospitalizations in the past 36 months: _____	Please list dates and reasons:
Number of Incarcerations in the past 36 months: _____	Please list dates and reasons:

Describe Candidates Immediate Risk and Safety Concerns:

Describe Candidates History of Non-Compliance With Treatment:

Describe How Candidate is Unlikely to Survive Safely in the Community: