

REQUEST FOR MENTAL HEALTH CONSULTATION
(UNIT REFERRAL OF ACTIVE DUTY INDIVIDUAL)

TO: Division Mental Health (808)433-8600 FAX 433-8578 Community Mental Health (808)433-8575 FAX 433-8578 Department of Psychology (808)433-1498 FAX 433-1466 Department of Psychiatry (808)433-2737 FAX 433-3339	Commander: Unit: Command Phone#: Unit Phone #:
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Last Name	First Name	MI	Rank:	DOB:	SSN:
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Marital Status:	Medical Profile: Y N	GT Score:	MOS:	Current Job:
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Clearance: None Secret Top Secret	Flight Status: Y N	Personnel Reliability Program (PGM): Y N
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DEROS Date:	Time in Unit:	Yrs:	Months:	Time in Hawaii:	Yrs:	Months:	Time in Service:	Yrs:	Months:
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1. PURPOSE OF REFERRAL: (Check One)

<input type="checkbox"/> Emergency Evaluation (Safety to self/others)	<input type="checkbox"/> Command Request	<input type="checkbox"/> MOS Reclass
<input type="checkbox"/> Personnel Separations Under AR 635-200/100 Chapter:___ Paragraph:___	<input type="checkbox"/> Evaluation/Consultation RE: _____	<input type="checkbox"/> Drill SGT
<input type="checkbox"/> Pretrial Evaluation	<input type="checkbox"/> Security Clearance (IAW AR 380-67)	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Conscientious Objector	

NOTE: IAW DoD Directives 6490.1 & 6490.4, a service member must be notified of his/her rights in writing before being command-referred for a mental health evaluation. In the event of an emergency evaluation, the commander may forward the required written notification as soon as is practicable. Exceptions to this requirement include: Chapter 10, 13, 14, 15, and military school evaluations.

2. Describe SM's problem from Commander's viewpoint:

3. MILITARY PERFORMANCE:

a. Past: Excellent Good Marginal Poor

b. Present: Excellent Good Marginal Poor

4. The following positive traits have been observed:

<input type="checkbox"/> Physically healthy	<input type="checkbox"/> Helps Others	<input type="checkbox"/> Able to express self
<input type="checkbox"/> Desirable attitude	<input type="checkbox"/> Dependable	<input type="checkbox"/> Willing to correct self
<input type="checkbox"/> Shows initiative	<input type="checkbox"/> Intelligent	<input type="checkbox"/> Other _____

5. The following concerns have been observed:

<input type="checkbox"/> Chronic complaining	<input type="checkbox"/> Excessive indebtedness
<input type="checkbox"/> Frequent fights	<input type="checkbox"/> Cheating and/or lying
<input type="checkbox"/> Riding sick call	<input type="checkbox"/> Marital/Family problems
<input type="checkbox"/> Refusing effort	<input type="checkbox"/> Difficulty following directions
<input type="checkbox"/> Excessive alcohol use	<input type="checkbox"/> Difficulty with authority
<input type="checkbox"/> Illicit drug use	<input type="checkbox"/> Difficulty with peers
<input type="checkbox"/> Isolative	<input type="checkbox"/> Encourages insubordination
<input type="checkbox"/> Desire for discharge	<input type="checkbox"/> Other: _____

6. The following evidence of emotional/adjustment difficulty has come to command attention: (Check those applicable)

- | | | |
|---------------------------------------------------|----------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> "homesickness" | <input type="checkbox"/> Stutters | <input type="checkbox"/> Problems with concentration |
| <input type="checkbox"/> Nervousness | <input type="checkbox"/> Extreme mood swings | <input type="checkbox"/> Withdrawal |
| <input type="checkbox"/> Abnormal sexual behavior | <input type="checkbox"/> Shyness/timid | <input type="checkbox"/> Poor hygiene |
| <input type="checkbox"/> Blackouts | <input type="checkbox"/> Unusual behavior | <input type="checkbox"/> Sleepwalking |
| <input type="checkbox"/> Feelings of persecution | <input type="checkbox"/> Excessive fatigue | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Excessive aggression | <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Cries excessively |
| <input type="checkbox"/> Unusual irritability | <input type="checkbox"/> Carelessness | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Depression (blues) | <input type="checkbox"/> Constant worrying | _____ |
| <input type="checkbox"/> Fearfulness | <input type="checkbox"/> Strange ideas | _____ |

7. Disciplinary Actions (Negative counseling statements, Article 15s, Court Martials):

TYPE	DATE	CHARGES	DISPOSITION

8. Measures already taken to assist the individual in rehabilitation:

- a. Counseling by:
- | | | | |
|----------------------------------------|------------------------------------|------------------------------------------|---------------------------------------|
| <input type="checkbox"/> CO | <input type="checkbox"/> Chaplain | <input type="checkbox"/> ADAPCP | <input type="checkbox"/> AER |
| <input type="checkbox"/> 1SG | <input type="checkbox"/> JAG | <input type="checkbox"/> Family Advocacy | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Plt Ldr/OIC | <input type="checkbox"/> Red Cross | <input type="checkbox"/> ACS | |
| <input type="checkbox"/> Plt Sgt/NCOIC | <input type="checkbox"/> ACAP | | |
- b. Administrative Actions:
- | | |
|--------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Rehabilitative Transfer | <input type="checkbox"/> Duty Change |
| <input type="checkbox"/> Duty Change | <input type="checkbox"/> Leave or Pass |

9. a. Have you personally counseled this individual? Yes No
- b. Have reasons for referral to mental health been discussed with the individual? Yes No
- c. SM desires to be separated from the service. Yes No
- d. Is it your opinion that the SM is suitable for retention in the service. Yes No

10. Your future plans for dealing with this person are:

11. Add any remarks that would be helpful in our assisting you with this person:

12. Signature of referring officer:

Signature Date

Printed Name, Rank, Title