

MENTAL HEALTH BOARD INTAKE INFORMATION

Date: _____

Reporting Party:

Name: _____

Address: _____

Home phone: _____ Work phone: _____

Relationship to subject: _____

Subject:

Name: _____

Address: _____

Resident of what county: _____ State: _____

Home phone: _____ Work phone: _____

Occupation: _____ Social Security number: _____

Date of birth: _____ Age: _____ Male Female

Race: _____ Height: _____ Weight: _____

Hair color & length: _____ Eye color: _____

Wears glasses: Yes No Beard/mustache: _____

Location of scars: _____

Location of tattoos: _____

Marital status: _____ Name & address of spouse: _____

Name & contact information of legal guardian, if applicable: _____

Immediate location of subject: _____

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Does the subject have a history of violence? Yes No If yes, please explain:

Does subject possess any weapons? Yes No If yes, type & location:

Does subject have insurance for hospitalization? Yes No

If so, what kind & identification number: _____
(Medicare, Medicaid, Blue Cross, etc.)

Names of current psychiatrists/physicians: _____

Is the subject currently taking any medications? Yes No If so, what are they?

Does the subject have any history of alcohol or drug abuse? Yes No If so, please explain: _____

Does the subject have children? Yes No If so, who will be responsible for the care of the children at the time that the sheriff escorts the subject to the hospital? _____

Previous known psychiatric hospitalizations:

<u>Date</u>	<u>Hospital</u>	<u>Psychiatrist</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Witnesses:

<u>Name</u>	<u>Address & Zip Code</u>	<u>Telephone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

State reasons you believe subject is mentally ill (attach additional pages if necessary):

State personal observation of subject and statements made by subject to which you can testify.

Describe in detail acts of dangerousness occurring to self or others within the past three (3) months (attach additional pages if necessary):

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I agree with the above information and statements listed on the MENTAL HEALTH BOARD INTAKE INFORMATION:

Reporting Party (Signature)

Subscribed and sworn to before me this _____ day of _____, 20____.

NOTARY PUBLIC