

Medina County Common Pleas Court

MENTAL HEALTH DOCKET REFERRAL FORM

CLIENT NAME _____ DATE _____ / _____ / _____

PERSON COMPLETING FORM _____ RELATIONSHIP TO CLIENT _____

ADDRESS _____
STREET CITY STATE ZIP CODE COUNTY

AGE: _____ DOB: _____ / _____ / _____ SSN: _____ - _____ - _____ PHONE: (_____) _____ - _____

SEX: Male Female RACE: White Black Hispanic Asian American Indian Other _____

EDUCATION: GED High School College Did not graduate, highest grade completed _____ MARITAL STATUS: Married Single Widowed Divorced

EMPLOYMENT: Employed by: _____ Job Duties: _____

Unemployed Retired Disabled SSI / SSDI: Type of Disability _____

IF ADDITIONAL SPACE IS REQUIRED TO COMPLETE ANY OF THE FOLLOWING SECTIONS, PLEASE USE THE BACK SIDE OF THIS FORM AND REFER TO THE SECTION NUMBER.

1. CURRENT LEGAL CHARGES

Charge	Court	Sentence	Probation Officer

2. LEGAL HISTORY None

Charges/Convictions	Date	Sentence

3. MENTAL HEALTH Do you have a history of mental health problems? Yes No If yes, list what treatment have you had in the past.

Outpatient Mental Health Treatment Agency	Current	Dates	Clinician Name

Psychiatric Hospital	Date	Reason for Hospitalization

Previous Diagnosis: _____ None Known

Other information on mental health history: _____

4. DRUG/ALCOHOL Do you have a history of drug or alcohol use? Yes No If yes, please complete the following section:

Substance	Age of 1st Use	Date of Last Use	How Often?	Amount Used

Have you been in drug or alcohol treatment before? Yes No If yes, please complete the following section:

Name of Agency	Dates of Service	Outpatient or Residential

5. GENERAL INFORMATION

APPLICANT SIGNATURE: _____ DATE: _____ / _____ / _____

TO BE COMPLETED BY STAFF FOLLOWING SCREENING:

DISPOSITION: Client accepted for Mental Health Docket. Client not clinically appropriate for Mental Health Docket