

DOUGLAS COUNTY BEHAVIORAL HEALTH COURT REFERRAL FORM

REFERRAL FORMS SHOULD BE E-MAILED TO: dabhc@douglascountyks.org

Proposed Participant _____ Date: _____

Race: _____ Hispanic or Non-Hispanic? _____ Gender: _____
DOB: _____ Last 4 digits SSN: _____ Current Location/Address: _____
Phone: _____ Alternative Contact/Phone: _____

Case Number(s): _____
MH Diagnosis: _____
Rationale: (summarize how mental health symptoms contributed to the incident): _____

Name of Person Referring/Agency: _____
Phone: _____ E-mail: _____

To be completed by District Attorney's Office

Current Charge(s): _____ Case #: _____

To be completed by Bert Nash Clinician after assessment

ROI Signed? Y N
SMI/SPMI: Y N
MH Diagnosis: _____
Substance Abuse Diagnosis _____
Comments: _____

Current Bert Nash Client: Y N
Primary Provider: _____
Need for Further S/A Assessment: Y N

To be completed by BHC Team

Date Reviewed: _____

Staffing Decision: _____

Next Steps: _____

Court Date: _____