

DOUGLAS COUNTY BEHAVIORAL HEALTH COURT REFERRAL FORM

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

Proposed Participant _____ **Date:** _____

DOB: _____ **Current Location/Address:** _____

Phone: _____ **Alternative Contact/Phone:** _____

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 #:** _____

Comments: _____

To be completed by Bert Nash Clinician

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: _____