open form in adobe reader and enable all features

Email Form

Behavioral Health and Recovery Services

CONFIDENTIAL

Assisted Outpatient Treatment (AOT)

REFERRAL FORM

PLEASE NOTE the AOT Program does not have the authority to mandate medication or involuntary long term hospitalization/conservatorship.
IF THIS IS A PSYCHIATRIC EMERGENCY PLEASE CALL 911

Qualified Referral Party

Agency: n/a Name: Jane Doe Relation to individual: mother

Phone: 209-555-5555 Email: janedoe@location.com Fax: none

AOT Individual Information

MR#: n/a

Name: John Doe DOB: 11/11/1111 Phone number 209-555-5555

Address: 1234 Street Name Lane, Modesto, Ca

Height: 5'7" Weight: 150 lbs Hair Color: brown Eye Color: brown Gender: male

Identifying marks/tattoos Tattoos on upper right arm, scar on lower chin

RACE/ETHNICITY:
☒ White/non-Hispanic ☐ Hispanic ☐ Native American/Alaskan ☐ African American ☐ Asian ☐ Unknown ☐ Multi-race ☐ Other

CURRENT LIVING SITUATION:
☒ Homeless ☐ Homeless Shelter ☐ Hospital ☐ Housing/Apt ☐ Jail/Correctional Facility ☐ Psychiatric Facility

☐ Sober Living ☐ Family ☐ Whereabouts/Hangouts: by downtown jail or bus depot

INSURANCE: *check all that apply*
☐ Medi-Cal ☐ Medicare ☐ Private ☒ None ☐ Unknown ☐ Other _____

BENEFITS: *check all that apply and indicate amounts*
☒ SSI ☐ Other Income I think John receives social security benefits

MENTAL HEALTH:
IS THE INDIVIDUAL CURRENTLY RECEIVING MENTAL HEALTH SERVICES?

☐ Yes ☒ No If yes, Agency: none or unknown Phone: 209-222-2222

Type of services provided: none, John has been receiving support through an outreach team

Mental Health Diagnosis: Schizophrenia

List Mental Health Medication: John isn't on medication at this time

☐ Takes meds regularly ☐ Sometimes takes meds ☐ Never takes meds ☒ No meds prescribed ☐ Takes meds most of the time

☒ Rarely takes meds ☐ Refuses Meds ☐ Unknown ☐ Other _____

SUBSTANCE ABUSE:
List type of substance abused and frequency: I think John uses amphetamines and alcohol

☐ Never used ☒ Currently using ☐ Past use ☐ Unknown ☐

Individual received substance abuse treatment: ☐ Yes ☒ No

Stanislaus County
Behavioral Health and Recovery Services

INDIVIDUAL REFERRAL FORM CONTINUED

NAME: John Doe

MR#: unknown

	List dates of Admission & Discharge	Describe reason for admission
Number of Arrests in the past 36 months:	John has been arrested many times in 2018	John is homeless and steals things to get food or drugs
Number of Psych Hospitalizations in the past 36 months:	John has been in a psych hospital 5 or 6 times	When John doesn't stay on his medications, he becomes suicidal
Number of acts of serious violence towards self/others:	Several - unknown	John came to the house once and threatened the family and was arrested

Please complete the information below in as much detail as possible.

Describe the individual's IMMEDIATE RISK & SAFETY CONCERNS and most concerning behavior that occurred including danger to self and others.

John is currently homeless in Modesto. He does not recognize the need for treatment and becomes dangerous to himself and others when he is not on his medications. John says he uses methamphetamines because he does not feel safe on the streets.

Describe how the individual is UNLIKELY TO MAINTAIN SAFELY IN THE COMMUNITY WITHOUT SUPERVISION AND IS AT RISK OF DECLINING (e.g. unable to care for self or provide food, clothing, or shelter).

I am not sure if John is eating regularly and does not seem to be able to obtain food on a regular basis.

Describe the individual's HISTORY OF NON-COMPLIANCE WITH TREATMENT (has been offered the opportunity to participate in treatment and fails to engage).

John has been engaged in mental health services in the past.

For Administrative Use Only Date reviewed _____ Attempted to contact referring party on: _____

☐ Individual met AOT criteria ☐ Individual did not meet AOT criteria Reason: _____

Referring party informed on Date: _____ Staff name: _____

Email Form