

St. Clair County Mental Health Court Referral Form

Name _____
 Address _____
 Next Court Date _____
 Docket Number _____
 *Referral Sent By _____

Date of Referral _____
 Phone Number _____
 Criminal Charge _____
 *Referral Contact Number _____

PARTICIPANTS IN MHC MUST HAVE A SEVERE MENTAL ILLNESS AND/OR DEVELOPMENTAL DISABILITY

When referring an individual, please ask these questions of the individual as they are written and forward the document to the Mental Health Court Clerk @ fax: 985-2179.

Question	No	Yes (explain in comments)	Comments: (Does not know answer/Refused to Answer and why)
1. Are you <i>currently</i> taking any medication prescribed for you by a physician/psychiatrist for any emotional or mental health problems?			Psychiatrist/Therapist _____ Medications _____ Last Seen _____
2. A. Were you ever in special education? B. Do you <i>currently</i> have a therapist/ "worker"?	A. B.	A. B.	Therapist _____
3. Have you <i>ever</i> been in a hospital for emotional or mental health problems?			Where/When _____
4. Do you <i>currently</i> believe that someone can control your mind by putting thoughts into your head or taking thoughts out of your head?			
5. Do you <i>currently</i> feel that other people know your thoughts and can read your mind?			
6. Have you <i>currently</i> lost or gained as much as two pounds a week for several weeks without even trying?			
7. Have you or your family or friends noticed that you are <i>currently</i> much more active than you usually are?			
8. Do you <i>currently</i> feel like you have to talk or move more slowly than you usually do?			
9. Have there <i>currently</i> been a few weeks when you felt like you were useless or sinful?			

Examiner's Comments or Impressions (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Under the influence of drugs/alcohol | <input type="checkbox"/> Difficulty understanding the questions |
| <input type="checkbox"/> Non-cooperative | <input type="checkbox"/> Other: _____ |

**Fax completed form to Mental Health Court Clerk (Probate Court Office) at 985-2179.
 If you have any questions, please contact Mental Health Court Clerk at 985-2184**

Do not write below this line – For court use only

Probation: Yes _____ No _____ Reviewed by: _____

Comments: _____

- Recommended for MH Screening Not Recommended for MH Screening