

SWIA IA Mental Health Court Referral Form/Preliminary Intake

(Please fill out to the best of your ability)

NAME: _____ Date: _____

D.O.B: _____ Medicaid # _____

BOOKING #: _____ REFERRAL by: _____

ADDRESS/PHONE (OUT OF CUSTODY): _____

Veteran: Yes / No Substance Abuse: Yes / No

RELEVANT MENTAL HEALTH INFORMATION:

Burgess MHC	CHI HEALTH (CB, MS Valley, Red Oak)	CASS MH	Clarinda MHI	JENNIE EDMUNDSON	HFS	Lasting
Hope	Myrtue MC	InRoads to Recovery	SWIA MHC	Waubonsie MHC		

Other County: _____ Currently under a committal? Yes / No

History of Committal orders: Yes / No (can only ask if applicant has met with their attorney)

Parole/Probation Officer: _____ Attorney: _____

Therapist/Doctor: _____ IHH Provider: _____

MEDICATION: (circle ALL prescribed medications- BLUE = Current / RED = Past)

Abilify	Ativan	Benadryl	Buspar	Celexa	Codeine	Cogentin	Depakote	Dexyrel	Dilantin	Effexor	Geodon	Haldol	Hydrocodone	Klonopin
Latuta	Lexapro	Lithium	Mellaril	Morpine	Neurontin	Oxycodone	Paxil	Proloxin	Prozac	Remeron	Restoil	Risperdal	Seroquel	Serzone
Tegretol	Thorazine	Topomax	Trazodone	Trilafon	Vistaril	Welbutrin	Xanax	Zoloft	Zyprexa	Other: _____				

Diagnosis: _____

RELEVANT MEDICAL INFORMATION: (circle any current illness)

Alzheimer	Arthritis	Back Pain	Brain Injury	Chronic pain	Cancer	Diabetes	Epilepsy	Heart Condition	Hepatitis	High Blood Pressure	HIV/AIDS
Other: _____						Disability: _____					

Prescribed Medical Medications: _____

Education: Graduated H.S.: Y / N G.E.D: Y / N Special Education: Y / N College: Y/N

Last School Attended: _____ Year Graduated: _____

Income/Benefits: (circle all relevant choices)

<u>IA Wellness Plan</u>	<u>IHH</u>	<u>Employed</u>	<u>FIP</u>	<u>GA</u>	<u>Medicare</u>	<u>Medicaid</u>	<u>Private Insurance</u>	<u>SWIA MHDS</u>	<u>Case management</u>
<u>Social Security</u>	<u>SSI</u>								

Current employment: _____

Current Support Services: _____

Family Contacts:

Name: _____ Relation: _____

Address: _____

Phone: _____ Cell: _____

Name: _____ Relation: _____

Address: _____

Phone: _____ Cell: _____

OFFICE USE ONLY: CSN #: _____ Probation office _____ Attorney name: _____