

Mental Health Board Intake Information

Date: _____

Reporting Party:

Name: _____

Address: _____

Home phone: _____ Work phone: _____

Relationship to subject: _____

Subject:

Name: _____

Address: _____

Resident of what county: _____ State: _____

Home phone: _____ Work phone: _____

Occupation: _____ Social security number: _____

Date of birth: _____ Age: _____ Male Female

Race: _____ Height: _____ Weight: _____

Hair color & length: _____ Eyes: _____

Wears glasses: Yes No Beard/mustache: _____

Location of scars: _____

Location of tattoos: _____

Marital status: _____ Name and address of spouse: _____

Name and contact information of legal guardian, if applicable: _____

Immediate location of subject: _____

Does the subject have a history of violence? Yes No If yes, please explain: _____

Does subject possess any weapons? _____

Does subject have insurance for hospitalization? Yes No

If so, what kind and identification number: _____
(Medicare/Medicaid, Blue Cross, etc.)

Names of current psychiatrists/physicians: _____

Is the subject currently taking any medications? Yes No If so, what are they? _____

Does the subject have any history of alcohol or drug abuse? Yes No If so, explain: _____

Does the subject have children? Yes No If so, who will be responsible for the care of the
children at the time that the sheriff escorts the subject to the hospital? _____

Previous known psychiatric hospitalizations:

<u>Date</u>	<u>Hospital</u>	<u>Psychiatrist</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Witnesses:

<u>Name</u>	<u>Address and Zip Code</u>	<u>Telephone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

State reasons you believe subject is mentally ill (attach additional pages if necessary)

