For Mental Health Diversion Program Use
Referred by: _____ **Offense report _____**
Date referred:_____ **Intake appointment _____**
Date Sent to DA for screening Approval: _____
Referral log _____

MHDP Referral Form

In jail Not in jail

Information in this boxed area *required*

Name:_____ **Race: _____**

CID # _____ **Sex: _____**

Case # _____ **DOB _____**

Date of Offense: _____ **Age _____**

Offense: _____ **Court _____**

Home #: _____ Cell#: _____

Address:_____

Attorney: _____ Attorney's # _____Fax#_____

Pre-trial release ___ Bondsman__ Cash bond__ PR__

Diagnosis: _____

_____

Date diagnosed: _____

Currently being treated at: _____

Doctor's Name and Number: _____

Have you ever been treated at MHMR? _____

Hospitalizations _____
_____
_____

Medications _____ _____
_____ _____

Notes:_____
_____
_____

Substance Abuse Hx
__ Marijuana
__ Cocaine
__ Heroin
__ Alcohol
__ RX Drugs
__ Meth
__ Other

Fax form to 817.884.1748