

PAST PSYCH HISTORY:

- STATE MENTAL HOSPITAL
- PRIVATE HOSPITAL
- SVCH HOSPITAL
- MHC
- VA HOSPITAL
- OTHER

DATE OF LAST ADMIT _____

PAST DIAGNOSES _____

PRIMARY PHYSICIAN _____

HOMICIDE:

- | | PRESENT | | PAST | |
|-----------|--------------------------|--------------------------|--------------------------|--------------------------|
| | YES | NO | YES | NO |
| ASSAULT | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| THREATS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| JAIL | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| LEGAL PRO | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PAROLE OFFICER

NAME _____

DEMOGRAPHIC INFORMATION:

STREET _____ PHONE _____

CITY _____ DOB _____ F. _____ M. _____

STATE _____ ZIP _____

RACE/ETHNICITY

- NATIVE AMERICAN
- ASIAN
- AFRICAN AMERICAN
- CAUCASIAN
- HISPANIC
- ARABIC
- OTHER
- UNKNOWN

MARITAL STATUS

- SINGLE
- DIVORCED
- SEPARATED
- MARRIED/COMMON LAW
- WIDOWED
- UNKNOWN

CURRENT LIVING ARRANGEMENT

- OWN HOME
- FRIEND'S HOME
- RELATIVE'S HOME
- HOMELESS
- CRISIS SHELTER
- JAIL
- OTHER: _____

EDUCATION

- LAST GRADE COMPLETE _____
- GED
- UNKNOWN

EMPLOYMENT STATUS

- PLACE OF EMPLOYMENT _____
- UNEMPLOYED
- UNKNOWN DISABLED

MAJOR SOURCE OF INCOME

- WAGES/SALARY
- FAMILY
- SSI
- SSD
- GENERAL RELIEF
- ADC
- UNKNOWN
- NONE
- OTHER _____

MEDICAL INSURANCE

- MEDICAID
- MEDICARE A
- MEDICARE B
- NONE
- UNKNOWN
- 3RD PARTY _____

ACTIVE MENTAL HEALTH AGENCY

- CFC
- MHS, INC.
- NEOHS
- BRIDGEWAY
- NOT ACTIVE
- MHTHC
- RECOVERY RESOURCES
- FWC
- OTHER

CURRENT CASE MANAGER YES NO

NAME: _____ NOTIFIED YES NO TIME _____ LAST SEEN _____

CURRENT PSYCHIATRIST YES NO

CURRENT GUARDIAN YES NO
NAME: _____ NOTIFIED YES NO

SIGNIFICANT OTHERS: (NAME, RELATIONSHIP, ADDRESS, PHONE)

TIME/DATE SEEN BY EVALUATOR: _____

SIGNATURE OF EVALUATOR _____

PRINTED NAME _____

PATIENT LABEL