

BEHAVIORAL HEALTH ADMINISTRATION (BHA)  
**Forensic (6358) Consultation**

PATIENT'S NAME		MR NUMBER	ADMISSION DATE	DOC NUMBER
DATE OF BIRTH		WARD	DATE OF PRESENT REFERRAL FOR 6358 EVALUATION	
<b>A.1.</b>	COUNTY / MCO	MENTAL HEALTH LIAISON	PHONE	ANTICIPATED DISCHARGE DATE
<b>A.2.</b>	PRINCIPLE CLINICAL CHALLENGES POSED DURING THE DURRENT ADMISSION			
	CURRENT NEEDS / LEVEL OF FUNCTIONING			
<b>A.3.</b>	PROPOSED DISCHARGE PLACEMENT / PLAN			
	Is a less restrictive order planned: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>A.4.</b>	Patient admitted from: <input type="checkbox"/> Jail <input type="checkbox"/> CFS <input type="checkbox"/> Prison <input type="checkbox"/> Other:			
<b>A.5.</b>	Check if patient is under the authority of (review of the State Hospital / DOC database indicate): <input type="checkbox"/> The Department of Corrections (DOC); if checked, complete the following.			
	Date reviewer contacted Corrections staff (CCO) for consultation: _____			
	Results:			
	Date reviewer contacted Chemical Dependency staff or consultation: _____			
	Results:			
	AGENCY NAME	CCO	PHONE	
<b>A.6.</b>	<input type="checkbox"/> The Indeterminate Sentence Review Board; if checked, complete the following.			
	CONTACT / LOCATION		PHONE	
	Court ordered Chemical Dependency Treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No Date confirmed: _____			
	CONTRACT'S NAME		PHONE	
SOCIAL WORKER'S NAME			PHONE INCLUDED EXT ENTION	

<b>B.</b>	<b>Discharge Review Summary</b>
	REASONS FOR CURRENT HOSPITALIZATIONS / PERIOD OF EVALUATION
	COMPETENCE EVALUATION(S)
	RELEVANT CLINICAL HISTORY
	LEGAL
	PREVIOUS FORENSIC EVALUATIONS
	CURRENT HOSPITALIZATION AND RESPONSE TO TREATMENT
MSE:	

<b>C.</b>	Impressions / Recs:	
	Treatment Team members consulted:	
	REVIEWER'S SIGNATURE (LICENSED PSYCHOLOGIST AND FORENSIC (6358) CONSULTANT)      DATE	
	REVIEWER'S PRINTED NAME	PHONE
	DATE OF DISCHARGE REVIEW	
	Treatment Team member(s) attending (name and title for each):	
	Results: (i.e., likelihood of harm as a result of mental disorder; discharge status; no discharge, discharge with an LRA / CR order and conditions, discharge without an LRA / CR order; and discharge placement; corrections facility (name), assisted living facility of any kind (name), or independent living)	
	PSYCHIATRIST'S SIGNATURE	DATE      PRINTED NAME HERE
	PSYCHOLOGIST'S SIGNATURE	DATE      PRINTED NAME HERE
	SOCIAL WORKER'S SIGNATURE	DATE      PRINTED NAME HERE
<input type="checkbox"/> Patient is being returned to a correctional facility. Date correctional facility notified: _____ Person contacted: _____		
<input type="checkbox"/> Patient is not being returned to a correctional facility.		