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| --- | --- |
|  |  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 |
|  |
| **A.1.** | COUNTY / MCO | MENTAL HEALTH LIAISON | PHONE | ANTICIPATED DISCHARGE DATE |
| **A.2.** | PRINCIPLE CLINICAL CHALLENGES POSED DURING THE DURRENT ADMISSION |
| CURRENT NEEDS / LEVEL OF FUNCTIONING |
| **A.3.** | PROPOSED DISCHARGE PLACEMENT / PLAN |
| Is a less restrictive order planned: [ ]  Yes [ ]  No  |
| **A.4.** | Patient admitted from: [ ]  Jail [ ]  CFS [ ]  Prison [ ]  Other:  |
| **A.5.** | Check if patient is under the authority of (review of the State Hospital / DOC database indicate):[ ]  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 |
| [ ]  The Indeterminate Sentence Review Board; if checked, complete the following. |
| CONTACT / LOCATION | PHONE |
| **A.6.** | Court ordered Chemical Dependency Treatment: [ ]  Yes [ ]  No Date confirmed:   |
| CONTRACT’S NAME | PHONE |
| SOCIAL WORKER’S NAME | PHONE INCLUDED EXTENTION |
| **B.** | **Discharge Review Summary** |
| REASONS FOR CURRENT HOSPITALIZATIONS / PERIOD OF EVALUATION |
| COMPETENCE EVALUATION(S) |
| RELEVANT CLINICAL HISTORY |
| LEGAL |
| PREVIOUS FORENSIC EVALUATIONS |
| CURRENT HOSPITALIZATION AND RESPONSE TO TREATMENT |
| MSE:  |
| **C.** | 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 |
| [ ]  Patient is being returned to a correctional facility. Date correctional facility notified:  Person contacted:  [ ]  Patient is not being returned to a correctional facility. |