PSYCHIATRIC EMERGENCY SERVICES – POLICE REFERRAL FORM

DATE _____ TIME _____

PATIENT'S NAME: _____ PHONE: _____

ADDRESS: _____

D.O.B.: _____ S.S.N.: _____

POLICE DEPT. / CAR NUMBER: _____

FAMILY: _____ RELATION TO PT.: _____ PHONE: _____

IS PT. CURRENTLY UNDER ARREST? ☐ NO ☐ YES; IF YES, WHY? _____

IS PT. CURRENTLY UNDER POLICE HOLD? ☐ NO ☐ YES; IF YES, WHY? _____

PATIENT MEDICATIONS: _____ PT. DOCTOR: _____

KNOWN DIAGNOSIS: _____ CASE MNGR: _____

REASONS FOR REFERRAL: Please include who contacted you, why you were called and what the patient was like in transport – i.e. examples of actual behavior observed.

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PATIENT LABEL