No Evidence of Mental Illness:
☐ Does not meet criteria for psychotic or mood spectrum Disorder diagnosis
☐ Primary and exclusive issues are alcohol and drug related
☐ Disruptive behavior driven by personality disorder and/or mental retardation
☐ Other: _____________________________________________

Absence of Disabling Psychiatric Symptoms:
☐ No longer dangerous to self or others
☐ Appears to be malingering to avoid imprisonment, to obtain benefits, or to obtain medication
☐ Other: _____________________________________________

Need for Treatment in an Inpatient Setting:
☐ Training, education, and/or medication management is not necessary
☐ Training, education, and/or medication management is most appropriately managed in an outpatient setting
☐ Other: _____________________________________________

Medically Unstable:
☐ Medical treatment needs exceed the ability of the RMHI to manage
☐ Other: _____________________________________________

Referral to Less Restrictive Environment:
☐ Home
☐ Shelter/Mission
☐ Crisis Respite
☐ Crisis Stabilization Unit
☐ Inpatient Alcohol and Drug Treatment
☐ Outpatient Alcohol and Drug Treatment
☐ Medical Treatment Facility
☐ Other: _____________________________________________

Recommendations Discussed with the Individual:
☐ No mental health or substance use treatment is indicated at this time
☐ Seek counseling at the community mental health agency
☐ Contact case manager
☐ Take medications prescribed by the community mental health agency
☐ Seek outpatient alcohol and drug treatment
☐ Abstain from substances of abuse, including alcohol
☐ Follow-up with primary care physician
☐ Other: _____________________________________________

Comments: _____________________________________________
________________________________________________________
________________________________________________________

Date: _______________ Time: __________

Assessing Physician