

REQUEST FOR BEHAVIORAL HEALTH EVALUATION		
DEPARTMENT OF BEHAVIORAL HEALTH FORT CARSON, COLORADO		
1. REQUEST AN EVALUATION OF:		
NAME/RANK:	SSN:	DOB:
UNIT:	MOS:	TIS/ETS:
2. REFERRED BY:		
NAME/RANK:	TITLE:	PHONE:
3. REASON FOR EVALUATION:		
COMMAND SEPARATION <input type="checkbox"/> CH 13, Performance <input type="checkbox"/> CH 14, Misconduct <input type="checkbox"/> Other: _____	COMMAND DIRECTED EVAL <input type="checkbox"/> Emergent Safety Evaluation <input type="checkbox"/> Fitness for Duty Evaluation <input type="checkbox"/> Other: _____	SPECIAL SCHOOL SELECTION <input type="checkbox"/> Drill Sergeant School <input type="checkbox"/> Recruiter School <input type="checkbox"/> Other: _____
4. BACKGROUND INFORMATION:		
Prior deployments (Year/Location):		
Prior and pending UCMJ/Article 15s (Year/Reason):		
Prior and current ASAP Enrollment (Year/Reason):		
Prior psychiatric hospitalizations (Year/Reason):		
5. COMMANDER'S COMMENTS:		
Reason for referral:		
Rehabilitation attempts if applicable (counseling, transfer, etc.):		
Potential to succeed in the military:		
*Soldier has been informed of the reason for the referral and that he/she will not be stigmatized by command for accessing BH services. If referred by non-commanding supervisor, commander has been informed of the referral.		
6. COMMANDER'S SIGNATURE/DATE:		

EACH FORM 62, June 2015. This supersedes FC Form 62, April 2013, which is obsolete.