

Request for Mental Health Evaluation

In Accordance With AR 635-200 (Use Tab Key to move between areas and rows).

Date

To:

Mental Health Careline
Fort Carson MEDDAC

From: (Unit)

1. Request an evaluation of:

Soldier's name (LAST, First, MI)

Rank

SSN

Age

Soldier's unit

2. Referred by:

Name

Rank

Title

Phone

3. Reason for Separation (check one - Other chapters do NOT require a Mental Health evaluation)

- | | |
|---|--|
| <input type="checkbox"/> Chapter 5-13 - Personality Disorders | <input type="checkbox"/> Chapter 13 - Unsatisfactory Performance |
| <input type="checkbox"/> Chapter 5-17 - Other Physical or Mental Conditions | <input type="checkbox"/> Chapter 14 - Patterns of Misconduct |
| <input type="checkbox"/> Chapter 10 - For the Good of the Service | <input type="checkbox"/> Chapter 15 - Homosexual Conduct |

4. Additional information (this section MUST be completed)

Time in Service:

ETS Date:

Initial Entry Training Dates:

Other Information:

Locations:

Date assigned to present unit

Primary MOS

Duty MOS (if different)

GT score

Number times AWOL

Is soldier presently confined?

Yes

No

Record of Courts Martial (explain)

Number and types of Article 15's

Number and type of civilian offenses

Education (years)

GED Diploma

Yes

No

Marital status

Married

Single

Divorced

Separated

Date of current marriage

Times married

Previous psychiatric treatment / hospitalizations (Approximate date and location)

5. Reason for Administrative Action (to be completed by the Commander)

Describe the behaviors that have lead to this action

How many times has the soldier been counseled for this behavior?

In your opinion does this soldier have the potential for adjusting to the military?

Yes

No

What are the positive personal assets this soldier has for continued military service?

Have any other actions been taken to correct this problem? (If yes, please list)

Name, Grade and Signature of Unit Commander

Date