

Lanark County L.E.A.D. Team Police Mental Health Referral

DATE: _____ TIME: _____
 NAME/BADGE #: _____
 DETACHMENT/UNIT: _____ OCCURANCE NUMBER: _____

SUBJECT INFORMATION:

NAME: _____ D.O.B.: _____ TEL: _____
 ADDRESS: _____
 AWARE OF REFERRAL: YES NO

BRIEF SYNOPSIS OF BEHAVIOUR OBSERVED:

PREVIOUS APPREHENSION UNDER MENTAL HEALTH ACT

YES NO IF YES # OF TIMES :

APPEARANCE/BEHAVIOUR

<i>General</i>	<i>Hygiene</i>	<i>Activity</i>
Cooperative/Polite <input type="checkbox"/>	Dirty <input type="checkbox"/>	Slow <input type="checkbox"/>
Rude <input type="checkbox"/>	Body Odour <input type="checkbox"/>	Agitated <input type="checkbox"/>
Maintains Eye Contact <input type="checkbox"/>	Malnourished <input type="checkbox"/>	Restless/Fidgety <input type="checkbox"/>
Proper Clothing <input type="checkbox"/>	Clean <input type="checkbox"/>	Abnormal Movement <input type="checkbox"/>

THINKING

<i>Disorganized Thinking</i>	<i>Abnormal Speech</i>	<i>Odd Beliefs</i>	<i>Hallucinations</i>
None <input type="checkbox"/>	Rapid <input type="checkbox"/>	Paranoid <input type="checkbox"/>	Voices <input type="checkbox"/>
Mild <input type="checkbox"/>	Loud/Swearing <input type="checkbox"/>	Grandiose <input type="checkbox"/>	Visions <input type="checkbox"/>
Moderate <input type="checkbox"/>	Few Words <input type="checkbox"/>	Bizarre <input type="checkbox"/>	Abnormal Sensations <input type="checkbox"/>
Severe <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>
Describe Other: _____			

MOOD

		Rapid Change of Mood <input type="checkbox"/>
Sad <input type="checkbox"/>	Angry <input type="checkbox"/>	Anxious <input type="checkbox"/>
Happy <input type="checkbox"/>	Mood not appropriate for situation <input type="checkbox"/>	Flat <input type="checkbox"/>

DWELLING

Food in Fridge <input type="checkbox"/>	Rotten Food <input type="checkbox"/>	Clean <input type="checkbox"/>
Dirty <input type="checkbox"/>	Disorganized <input type="checkbox"/>	Fire Hazard <input type="checkbox"/>

ALCOHOL USE

Admitted: Suspected:

Comments/Quantity: _____

DANGER ISSUES:

<i>Active to Self</i>	<i>Active to Others</i>	<i>Passive to Self</i>
Suicidal Thoughts <input type="checkbox"/>	Homicidal <input type="checkbox"/>	Poor Self Care <input type="checkbox"/>
Self Mutilation <input type="checkbox"/>	Aggressive <input type="checkbox"/>	Poor Judgment <input type="checkbox"/>
Suicidal Act <input type="checkbox"/>	Weapons Present <input type="checkbox"/>	Clothing inappropriate for weather <input type="checkbox"/>

ACTION

COMMENTS

No Action <input type="checkbox"/>	
Arrested/Charge <input type="checkbox"/>	
Voluntary to Hospital <input type="checkbox"/>	
Apprehended under MHA <input type="checkbox"/>	