

MENTAL STATUS EVALUATION REQUEST

USARAK PAM 40-1

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TO: COMMUNITY MENTAL HEALTH ACTIVITY, AK	FROM:	DATE
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REQUEST EVALUATION OF:	GRADE:	SSN:	UNIT PHONE NUMBER
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TYPE OF EVALUATION REQUESTED

Chapter (Administrative) Discharge IAW CH AR 635-200

Alcohol or drug abuse evaluation IAW AR 600-85

Family Advocacy Program interview IAW AR 600-18

Evaluation for schools (e.g. Recruiter, Drill Sergeant, Ranger, ROTC, etc.)
Or security clearance IAW AR 380-67. Specify:

Self referral (soldier's request) or referral for medical care with soldier's consent

Command Directed for the reason stated below (NOTE: Requires commander counseling of soldier IAW references on page 2). Call nearest Mental Health Activity for assistance with this referral and appointment time. Appointment date and time:

Describe reason or behaviors leading to request for evaluation:

Gets along with peers and socializes? YES <input type="checkbox"/> NO <input type="checkbox"/>	Keeps to self? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Performs duties satisfactorily? YES <input type="checkbox"/> NO <input type="checkbox"/>	Shirks duties? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Cares about appearance/equipment? YES <input type="checkbox"/> NO <input type="checkbox"/>	Shows chronic misbehavior? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Attitude towards superiors:	Should soldier be retained in the military?	How does soldier use off duty time?

AWOL/Judicial/Non-judicial punishment:

GT Score	Duty MOS	Brief Description:
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Other Comments (In addition, if this is a command directed evaluation; use page 2):

COMMANDER'S NAME, RANK AND BRANCH	PHONE NUMBER	SIGNATURE
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