

DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY ALASKA
Fort Richardson, Alaska 99505-5000

United States Army Alaska Pamphlet 40-1

15 March 2004

United States Army Alaska Pamphlet *

Medical

Mental Status Evaluation Request

Summary. This pamphlet contains information concerning the form utilized by U S Army Alaska in complying with AR 635-200, AR 600-85, AR 608-18, AR 380-67, DOD Directive 6490.1, DOD Instruction 6490.4, DOD Directive 7050.6, Section 546 Public Law 102-484, and MEDCOM Reg 40-38.

Applicability. This pamphlet applies to USARAK units and activities and all other activities, organizations, and agencies located at or in the geographical areas of Forts Richardson, Wainwright, and Greely.

Interim changes. Interim changes to this pamphlet are not official unless the Director of Information Management (DOIM) authenticates them. Users will destroy interim changes on their expiration dates unless sooner superseded or rescinded.

Suggested improvement. This pamphlet's proponent is the DOIM, Administrative Services Division, Forms Management Branch. The Forms Management Branch invites users to send comments and suggested improvements on a Department of the Army Form (DA) 2028 (Recommended Changes to Publications and Blank Forms) directly to the USARAK Forms Management Branch at APVR-RIM-ASD-RM.

1. Purpose. To list form prescribed for use within USARAK for the purpose of initiating mental status evaluation of service members at the request of unit commanders or individual soldiers (self referral).

2. References

Required and related publications, prescribed and referenced forms, and related web sites are listed in appendix A.

3. Explanation of abbreviations

The abbreviations used in this pamphlet are listed in the glossary.

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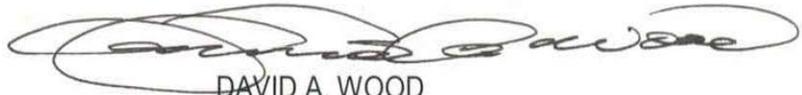
4. Responsibilities

The Chief, Community Mental Health at Bassett Army Community Hospital, Fort Wainwright, AK is responsible for maintaining this pamphlet and the forms referenced.

Unit Commanders or their designee are responsible for completing USARAK Form 298-R-E in its entirety and delivering it to Community Mental Health. Commanders must ensure that the confidentiality of the Soldier is maintained during delivery.

FOR THE COMMANDER:

OFFICIAL:



DAVID A. WOOD
COL, GS
Chief of Staff



GERALD H. MILLER
LTC, SC
Director of Information Management

**Appendix A
References**

**Section I
Required Publications**

- AR 635-200..... (Active Duty Enlisted Administrative Separations)
- AR 600-85..... (Army Substance Abuse Program)
- AR 608-18..... (The Army Family Advocacy Program)
- AR 380-67..... (Personnel Security Program)
- DOD Directive 6490.1..... (Mental Health Evaluations of Members of the Armed Forces)
- DOD Instruction 6490.4..... (Requirements for Mental Health Evaluations of Members of the Armed Forces)
- DOD Directive 7050.6..... (Military Whistleblower Protection)
- Section 546 Public Law 102-484..... (National Defense Authorization Act of Fiscal Year 1993)
- MEDCOM Reg 40-38..... (Command Directed Behavioral Health Evaluations)

**Section II
Related Publications**

None

**Section III
Prescribed Forms**

USARAK Form 298-R-E

(1) USARAK Form 298-R-E is initiated by commanders of USARAK units and activities and all other activities, organizations, and agencies located at or in the geographical areas of Forts Richardson, Wainwright, and Greely.

(2) Completion of form by block.

PAGE 1:

From: Unit name/designator and location.

Date: Date form is initiated.

Request Evaluation Of: Last Name, First Name, Middle Initial of person referred.

Grade: Grade of individual being referred.

SSN: Social Security Number of person being referred.

Unit Telephone Number: List the unit Commander's telephone number

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Type Of Evaluation Requested: Place an X in the appropriate block identifying the type of evaluation needed. For a Chapter evaluation, list the chapter number in the blank provided. For an evaluation for a school or security clearance, specify the school or clearance type. For Command Directed evaluations, ensure Page 2 Blocks 1, 2, 3, and 4 are complete, call Mental Health Activity for an appointment, and put the appointment date, time, and location in the blank.

Describe reason... Provide as much detail as possible on the specific reason or behaviors leading to the referral.

Gets along with peers and socializes: Place an X in the appropriate block.

Performs duties satisfactorily: Place an X in the appropriate block.

Cares about appearance/equipment: Place an X in the appropriate block.

Keeps to self: Place an X in the appropriate block.

Shirks duties: Place an X in the appropriate block.

Shows chronic misbehavior: Place an X in the appropriate block.

Attitude towards superiors: Write a one or two-word description (examples: avoidance, placating, belligerent, and appropriate).

Should soldier be retained in the military: Write Yes or No.

How does the soldier use off-duty time: Describe soldier's leisure activities, hobbies, behaviors/trends.

AWOL/Judicial/Non-judicial punishment: Describe any interventions initiated up to this point.

GT Score: List soldier's GT Score.

Duty MOS: List the soldier's Duty MOS.

Brief Description: Provide a brief description of the type of tasks the soldier performs in this duty MOS.

Other Comments: Commanders can use this block to provide additional information relevant to the referral that will assist in the evaluation.

Typed/Printed Name of Commander: Self-explanatory.

Grade: Grade of Commander.

Phone Number: List the unit Commander's telephone number.

Signature: Commander's original signature.

Page 2:

Page 2 only needs to be completed if this referral is Command Directed.

Block 1 A: Complete the date, unit, commander's name and phone number.

Block 1 B: This only lists the applicable references.

Block 2: Fill in rank, name and social security number. This block provides the commander a format that covers all of the required counseling points.

Block 2 A: In the first blank describe in detail the behaviors that have led to this referral. In the second blank, list the full name of the provider you spoke with regarding this referral. If you did not consult a provider at the Mental Health Activity, list in detail the reason in the third blank.

Block 2 B: Fill in the name of the provider and the date and time of the evaluation appointment. If the evaluation is emergent in nature, the appointment may be immediate; list the reason for the immediacy in the last blank.

Block 2 C: In the first blank, list the name of the local military attorney, the phone number, hours of operation, and location. In the second block, provide the phone number, hours of operation, and location of the Inspector General. The third block allows the commander to provide contact information to the soldier for the Chaplain and any other appropriate resources.

Block 3: Commander must fill in complete signature, typed name, rank, and branch.

Block 4: The service member signs the form acknowledging that he/she has read the memorandum and has been given a copy. Enter the date of the signature in the block next to the signature. This signature must be witnessed. Have the witness sign, print name and rank, and date in the last blocks of the form.

(3) Upon completion of this form submit it to the Mental Health Activity.

(4) Form is available electronically on the USARAK website.

**Section IV
Referenced Forms**

None

**Section V
Related Web Sites
Glossary**

ARArmy Regulation

ARIMSArmy Records Information Management System

DADepartment of the Army

DCA.....Directorate of Community Activities

DODDepartment of Defense

DOIMDirectorate/Director of Information Management

MEDCOMMedical Command

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PM.....Provost Marshal

SOP.....standing operating procedure

TDY.....temporary duty

USAPA.....United States Army Publishing Agency

USARAK.....United States Army Alaska