

Behavioral Health Program Referral

Georgia Army National Guard

1000 Halsey Ave.

Marietta, GA 30060

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PERSON MAKING REFERRAL:

Name: _____ Rank/Title: _____

Agency: GAARNG Email: _____

Phone: _____ Date: _____

CLIENT INFORMATION:

Name: _____ Birth date: _____

SSN: _____ - _____ - _____ Race: _____ Gender: _____

UIC: _____ MACOM: _____ AGR/M-DAY: _____

DOD #: _____ Rank: _____ MOS: _____

Current Residence (Home/Shelter/Family Member): _____

Street Address: _____

City: _____ Zip Code: _____ County: _____

Cell Phone: _____ Email: _____

Employer: _____ Marital Status: _____

Spouse Name (If applicable) _____ Spouse Phone: () _____

INSURANCE:

- TRICARE

- MOS

- Other

Continue to page 2 for Reason(s) for Referral

Reason(s) for Behavioral Health/Psychological Health Referral

Check ALL that apply:

SARC SIR SRP PHA Deployment Readiness Concerns

Temporary Profile Assessment Other_____

Concerning Behaviors: Anger Unstable Mood/Mood Swings Depression Anxiety
Alcohol Use Substance Use Lack of Focus/Attention Other_____

Life Changes: Divorce Job Loss Return from Deployment Preparation for
Deployment Legal issues (i.e. Arrest) Other _____
Death: Spouse Parent Child Unit member Other_____

Socioeconomic Factors: Unstable Housing Food Insecurity Lack of Employment
Lack of Social Support Other: _____

Suicide Concerns **note an attempt is access to plan; not medical intervention; attempt is made when a person accesses their plan, even if they decide to not “go through with it”, i.e. gun in hand without pulling a trigger*

Concerning statements (i.e. I feel hopeless; things will never get better; I am worthless; I just want to go to sleep and not wake up, etc) Direct Statements (i.e. I want to kill myself; I want to die, etc) Details of Plan (i.e. gun, pills, hanging, driving off road, etc) Statement of Intention (I will kill myself when I get home; I will kill myself if ; etc) Direct Disclosure of Attempt (even if attempt was interrupted or not carried out) Previous Attempt History
History of Ideation Other_____

Traumatic Experiences (Current or previous) : Car Accident Major Illness of self or family
Major Injury of self or family Deployment History Sexual Assault or Abuse Physical Assault or Abuse Domestic Violence Other _____

Is this Service Member a First Responder?: Fireman/woman Police Officer Sheriff Deputy EMT Paramedic Emergency Room Nurse/Provider

Previous Mental Health Diagnoses or treatments? Yes No

Diagnosis: _____

In patient treatment History: _____

Any other pertinent information related to mental health?
