

# COMMANDER'S REQUEST FOR MENTAL HEALTH EVALUATION

Requirements and Procedures for Command Directed Mental Health Evaluations as prescribed by DOD Directive 6490.1 and DOD Instruction 6490.4

SERVICE MEMBER'S NAME:		Rank:	AGE:	DOB:
Time in Service: Years _____ Months _____	Time in Grade:	UNIT:		Time in Unit:
CDR:	Phone:	E-MAIL:		
1SG:	Phone:	E-MAIL:		

## CHECK THE TYPE OF COMMAND DIRECTED EVALUATION (CDE) YOU ARE REQUESTING

<input type="checkbox"/>	<b>ROUTINE COMMAND DIRECTED EVALUATION</b> (Suitable for duty and NO imminent risk for harm to self and/or others)
<input type="checkbox"/>	Contacted Behavioral Health Services (BHS) and consulted with Behavioral Healthcare Provider (POC for CDE's).
<input type="checkbox"/>	Consulted with Behavioral Healthcare Provider regarding proper CDE procedures, and obtained date and time.
<input type="checkbox"/>	Completed pages 1 and 2 of this form AND this was reviewed with and signed by the Soldier.
<input type="checkbox"/>	<b>EMERGENCY COMMAND DIRECTED EVALUATION</b> (Imminent risk for harm to self and/or others)
<input type="checkbox"/>	Completed pages 1 and 2 of this form
<input type="checkbox"/>	During duty hours: Contacted a BHS provider and directly escorted soldier to Behavioral Health Clinic.
<input type="checkbox"/>	After duty hours (1630) or weekends/holidays: Escorted the soldier to the emergency department.

**COMMANDER'S COMMENTS:** (i.e., To warrant a CDE, the nature of the problem, impact on military duty and rehabilitation attempts must be adequately described below. Reference supporting documents as appropriate.) **REASON FOR REFERRAL:**

**MILITARY PERFORMANCE** (e.g., How does the Soldier perform his/her job, get along with others and with supervisor?)

**DISCIPLINARY ACTION:** PREVIOUS ARTICLE 15:  YES  NO PENDING ARTICLE 15:  YES  NO  
List past and pending dates of legal actions, charges, articles, etc.:

**REHABILITATION ATTEMPTS** (List counseling in unit, transfers, job changes, etc.)

COMMANDER'S PRINTED NAME	RANK/GRADE	SIGNATURE (required)	DATE
--------------------------	------------	----------------------	------

## COMMANDER'S REQUEST FOR MENTAL HEALTH EVALUATION

Requirements and Procedures for Command Directed Mental Health Evaluations as prescribed by DOD Directive 6490.1 and DOD Instruction 6490.4

Requirements and Procedures for Command Directed Behavioral Health Evaluations as prescribed by DOD Directive 6490.1 and DOD Instruction 6490.4

**BACKGROUND:** DOD Directive 6490.1 and DoD Instruction 6490.4 establish the procedures commanders must follow and the rights of Service members referred for Command Directed Behavioral Health Evaluations.

**PURPOSE:** The DOD Directive is designed to protect Service members from referral into the behavioral health system as a means of "whistleblower actions/ reprisal". Only a commander can refer a Service member for a Command Directed Evaluation.

**SCOPE:** Applies to Command Directed Behavioral Health Evaluations – Not referrals for routine evaluations required for administrative separations or to attend schools.

### NON – EMERGENCY CDE PROCEDURAL REQUIREMENTS.

Command, upon deciding that an evaluation is needed, will:

1. Consult with a Behavioral Healthcare Provider by telephone before executing the referral.
2. Provide the Service member, at least **two** full business/working days before the appointment, a copy of this form and include:
  - a. Date and Time of Evaluation: \_\_\_\_\_ Location of Evaluation: \_\_\_\_\_
  - b. Behavioral Healthcare Provider and rank/title of who will complete evaluation: \_\_\_\_\_
  - c. Factual description of behaviors prompting referral (see page 1)
  - d. Name/Rank of BH Provider consulted and Date of consultation: \_\_\_\_\_
  - e. Telephone number for JAG Attorneys, IG, and Chaplains whom the Service member can access. \_\_\_\_\_
3. Have the Service member sign this written notice or annotate that the Service member refuses to sign and his/her stated reason.

### EMERGENCY CDE PROCEDURAL REQUIREMENTS.

1. Complete this form.
2. During duty hours, if possible, consult with a Behavioral Health Provider before executing the referral and escorting the Service member to the Behavioral Health Clinic. After duty hours escort Service member to Emergency Department.
3. Provide the Service member before, or soon after, a copy of this form and include:
  - a. Factual description of behaviors prompting the referral (see page 1).
  - b. Telephone number for JAG Attorney, IG, and Chaplains whom the Service member can access.
4. Have the Service member sign this written notice or annotate that the Service member refuses to sign and his/her stated reason.

### SERVICE MEMBERS RIGHTS UNDER DoDD 6490.1 and DoDI 6490.4:

1. The right, upon your request, to speak with an attorney who is a member of the Armed Forces or is employed by the Department of Defense who is available for the purpose of advising you of the ways in which you may seek redress should you question this referral.

**JAG** (Provide rank, name, location, telephone number, and available hours): \_\_\_\_\_

2. The right to communicate without restriction with the IG, attorney, a member of Congress, or others about your referral for a behavioral health evaluation. This provision does not apply to a communication that is unlawful.

3. The right to obtain a second opinion and be evaluated by a behavioral health care provider of your own choosing, at your own expense, if reasonably available. Such an evaluation by an independent behavioral health care provider shall be conducted within a reasonable period of time, usually within 10 business days, and shall not delay nor substitute for an evaluation performed by a DoD behavioral health care provider.

4. The right to submit to your Service Inspector General or to the Inspector General of the Department of Defense (IG, DOD) for investigation of an allegation that your behavioral health evaluation referral was a reprisal for making or attempting to make a lawful communication to a Member of Congress; any appropriate authority in your chain of command; an IG; or a member of a DoD audit, inspection, investigation, or law enforcement organization; or in violation of (DoDD 6490.1 and DoDI 6490.4) and/or any applicable regulations. **IG** (Provide rank/title, name, location, telephone number, and available hours): \_\_\_\_\_

5. The right, except in emergencies, to have at least 2 business days before the scheduled behavioral health evaluation to meet with an attorney, IG, Chaplain, or other appropriate party. If I believe your situation constitutes an emergency or that your condition appears potentially harmful to your well being and I judge that it is not in your best interest to delay your behavioral health evaluation for 2 business days, I shall state my reasons in writing as part of the request for the behavioral health evaluation.

**Chaplain** (Provide rank/title, name, location, telephone number, or other resources available to counsel and assist the Service member) \_\_\_\_\_

## COMMANDER'S REQUEST FOR MENTAL HEALTH EVALUATION

Requirements and Procedures for Command Directed Mental Health Evaluations as prescribed by DOD Directive 6490.1 and DOD Instruction 6490.4

### SERVICE MEMBERS RIGHTS UNDER DoDD 6490.1 and DoDI 6490.4 continued:

6. If you are assigned to a naval vessel, deployed or otherwise geographically isolated because of circumstances related to military duties that make compliance with any of the procedures impractical, I shall prepare and give you a copy of the memorandum setting forth the reasons for my inability to comply with these procedures.

Signature of Commanding Officer \_\_\_\_\_ Date & Time: \_\_\_\_\_

**I have read this form, which states the reasons for this referral. I understand my rights and have received a copy.**

Service Member's Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date & Time: \_\_\_\_\_

**OR**

The Service member declined to sign this form which includes the Service member's Statement of Rights because (give reason and/or quote Service member): \_\_\_\_\_

Witness's signature: \_\_\_\_\_ Date & Time: \_\_\_\_\_

Witness's rank and name: \_\_\_\_\_ Date & Time: \_\_\_\_\_

(Provide a copy of this form to the Service member)