ATTN: Assisted Outpatient Treatment Coordinator
1120 S. Dora St. Ukiah, CA 95482
Phone:707-472-2322
Fax: 707-472-2331
****URGENT****

Mendocino County Behavioral Health
Assisted Outpatient Treatment (AOT)
Referral Form

Referrals can be faxed, phoned, called, or written and dropped off

Date: _____ / _____ / _____

CLIENT INFORMATION:

Name of client: _____
Date of Birth: _____
Address: _____
Phone: _____

Referring Party Contact Information ❒ Referring party is over 18 years

Name: _____ **Relationship/Title:** _____
Agency: (if applicable) _____
Address: _____
Phone: _____ **Alternate:** _____
E-Mail: _____ **Other**:_____

Relationship to Client: ❒ Parent ❒Spouse ❒ Sibling ❒Adult Child ❒Director of MH services ❒ Licensed MH provider ❒ Peace officer, Probation, Parole

Referral Criteria *(Please be as thorough as possible. You will be contacted for additional information to determine if AOT criteria is met. Clients not meeting AOT criteria will be referred to appropriate services.)*

❒ 18 years or older
❒ Believed to have a mental illness: (*list if known*)_____
❒ Person is a safety risk in the community without supervision: *Describe:*_____
_____
❒ History of non- compliance with treatment: *Describe:*_____
_____
❒ Person has been offered but failed to engage in treatment: *Describe:*_____
❒ Person may be at risk to self or others without treatment (or has been within the past 48 months):_____
_____
❒ Person does not/has not met 5150 criteria when evaluated: *Dates if known:*_____
❒ Person's condition is substantially deteriorating:_____
❒ Person would benefit from assisted outpatient treatment:

Other information:
_____
_____

Pertinent health conditions *(include medical, substance use, additional mental health and social issues, etc.):*
_____

Primary Care provider:

Other significant history *(please describe briefly)**:***
_____
_____

Other agencies currently providing client support *(check all that apply)*:

❒ Hillside Health Center ❒ Mendocino Coast Clinics ❒ Co. Substance Use Disorder Tx. ❒ iCMS ❒ Manzanita
❒ Redwood Community Services ❒ MCAVHN ❒ Tapestry FS ❒MC Youth Project ❒ MC Hospitality Center
❒ Probation ❒Jail within last 36 mos. ❒Psychiatric hospital within last 36 mos. ❒Therapist/Counselor:_____
❒Other Agency or Provider ❒ Other:

Received:____/____/____ Initials:_____