

ADMISSION FORM

Patients with Criminal Justice Involvement

Directions: Admissions Coordinator will complete and attach to intake form for all referrals with criminal justice system involvement.

Client Name _____ Referral Date _____

Referred By _____ (Name) By _____ (Facility)

CRIMINAL JUSTICE

Criminal status (include itemization of all charges):

RESTRICTIONS: _____

Is this client approved for admissions?

Conservator (if applicable): Yes ___ No ___ Initial: _____

Cordilleras Medical Director: Yes ___ No ___ Initial: _____

Cordilleras Administrator: Yes ___ No ___ Initial: _____

Chief of Forensic Services for County: Yes ___ No ___ Initial: _____

Comments: _____

Name of County staff person assigned as liaison between criminal justice system and Cordilleras:

092628c

Date Sent

cc: Mental Health Director _____

Chief of Forensic Services _____

Cordilleras Monitor _____