

PRE-PETITION SCREENING REPORT

Regarding:

(Name of Proposed Patient)

(Address)

Who was examined by and whose case was reviewed by:

(Name and Title of Examiner)

(Name and Title of Examiner)

Investigation of the facts that the proposed patient is:

___ a danger to self

___ gravely disabled, or

___ a danger to others

___ persistently or acutely disabled

As alleged by:

(Name of Applicant)

(Relationship of Applicant to Proposed Patient)

Show that:

_____ who was/was not seen in _____
(Name of Proposed Patient) (Place of Interview)

Was brought to the attention of this agency by _____

Will proposed patient undergo voluntary evaluation? ___ Yes ___ No

Evaluation as an Inpatient ___ Outpatient ___ is recommended for the following reasons:

Previous Treatment:

Substance Abuse History:

Medical History:

Social History:

Conclusion and Recommendations:

This report was prepared by : _____
(Name and Title)

On: _____
(Date) (Signature)

Names and addresses of two witnesses who can testify to the behavior herein reported:

(Name) (Address) (Phone)

(Name) (Address) (Phone)