# ALLEGAN COUNTY

## MENTAL HEALTH COURT

## REFERRAL FORM

**NON-PUBLIC RECORD**

REFERRED BY;_____ Date of Referral;_____ Case#_____

Phone Number;_____ Email;_____

Client's Name;_____ (Last, Middle, First)

Address;_____

DOB; ____/_____/_____ Gender; _____Male_____ Female Race; _____

Phone Number;_(_____)_____ Email;_____ County;_____

Why should this person be referred to MHTC?

Is this person in Allegan County Jail currently? _____

Employment?_____ Where?_____ Length of time_____

Do They receive; SSI____SSDI____Medicaid_____Medicare____VA Pension____Other_____None_____

Social Security Number;_____-____-_____

Current Criminal Charges Pending;_____

Next Court Date;_____ For?;_____

Do They have a Mental Health Diagnosis?;_____

Medication?;_____

Any prior in-patient psychiatric hospitalization?;_____

Where and When?;_____

Substance Abuse Issues?;_____ Drug of Choice?;_____ Length of use?;_____

Alcohol Use?;_____ Amount consumed weekly/daily?;_____

Any Prior Drug/Alcohol treatment programs? _____Where and When?;_____

Prior Outpatient Care?;_____ Where and When?;_____

Referral Form Should Be Forwarded to: 57th District Court care of Hickory Buell mailto:hbuell@allegancounty.org

Revised: 6/9/2025