

**SERVICE MEMBER NOTIFICATION OF COMMANDING OFFICER
REFERRAL FOR MENTAL HEALTH EVALUATION**

DATE _____

MEMORANDUM FOR (SM's rank, name and SSN) _____

FROM: COMMANDING OFFICER, _____

SUBJECT: Notification of Commanding Officer Referral for Mental Health Evaluation

- References
- (a) DoD Directive 6490.1, "Mental Health Evaluations of Members of the Armed Forces," October 1, 1997
 - (b) DoD Instruction 6490.4, "Requirements for Mental Health Evaluations of Members of the Armed Forces," August 28, 1997
 - (c) Section 546 of Public Law 102-484, "National Defense Authorization Act of Fiscal Year 1993," October 1992
 - (d) DoD Directive 7050.6, "Military Whistleblower Protection," August 12, 1995

(1) In accordance with references (a) through (d), this memorandum is to inform you that I am referring you for a mental health evaluation on an emergency OR non-emergency basis.

(2) The following is a description of your behaviors and/or verbal expressions that I considered in determining the need for a mental health evaluation: (provide dates and a brief factual description of the SM's actions of concern) _____

(3) Before making this referral, I consulted with the following mental health care providers(s) about your recent actions (rank and name of provider(s)) _____ at Community Mental Health Services on (date) _____, OR consultation with a mental healthcare provider prior to this referral was not possible because _____

(4) Per references (a) and (b), you are entitled to the rights listed below

a. The right, upon your request, to speak to 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.

b. The right to submit to your Service Inspector General or to the Inspector General of the Department of Defense (IG, DoD) for investigation an allegation that your mental 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 reference (a) or (b).

c. The right to obtain a second opinion and be evaluated by a mental healthcare provider of your own choosing, at your own expense, if reasonably available. Such an evaluation by an independent mental healthcare 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 mental healthcare provider.

(continued on reverse)

(continued from front)

d. The right to communicate without restriction with an IG, attorney, Member of Congress, or others about your referral for a mental health evaluation. This provision does not apply to a communication that is unlawful.

e. The right, except in emergencies, to have at least two business days before the scheduled mental 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 mental health evaluation for two business days, I shall state my reasons in writing as part of the request for the mental health evaluation.

f. 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 in paragraphs (3) and (4), above, impractical, I shall prepare and give you a copy of the memorandum setting forth the reasons for my inability to comply with these procedures.

(5) You are scheduled to meet with (rank and name of the mental healthcare provider) _____ at Community Mental Health Services, Bldg T-28, 2-6890(1), on (date) _____ at (time) _____ hours. You are to bring your medical records to this appointment. *****(failure to bring this form and Ft Drum Form 426 for non-emergency evaluations will result in your appointment being rescheduled)*****

(6) The following authorities can assist you if you wish to question this referral:

a. Military Attorney: Any attorney at the Legal Assistance Office on Fort Drum, NY at 315-772-5261; hours available are M-F 0800-1630hrs.

b. Inspector General: Any IG at the Fort Drum Inspector General Office at 315-772-5491; hours available are M-F 0900-1700hrs; address is building T-122 on Fort Drum. The IG, DoD number is 1-800-424-9098.

Signature

Rank and Name of Commanding Officer

I have read the memorandum above and have been provided a copy.

Service member's signature: _____ Date: _____

OR

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

Witness's signature: _____ Date: _____

Witness's rank and name: _____ Date: _____

***** (Provide a copy of this memorandum to the Service member 48 hours before his/her appointment in non-emergency cases and as soon as possible in emergency cases) *****

COMMANDING OFFICER REQUEST FOR ROUTINE (NON-EMERGENCY)
MENTAL HEALTH EVALUATION

DATE: _____

MEMORANDUM FOR COMMANDING OFFICER, COMMUNITY MENTAL HEALTH SERVICES,
BLDG T-28, FORT DRUM, NEW YORK, PHONE (315) 772-6890(1)

FROM: COMMANDING OFFICER, _____ UNIT: _____

- References:
- (a) DoD Directive 6490.1, "Mental Health Evaluations of Members of the Armed Forces," October 1, 1997
 - (b) DoD Instruction 6490.4, "Requirements for Mental Health Evaluations of Members of the Armed Forces," August 28, 1997
 - (c) Section 546 of Public Law 102-484, "National Defense Authorization Act of Fiscal Year 1993," October 1992
 - (d) DoD Directive 7050.6, "Military Whistleblower Protection," August 12, 1995

(1) In accordance with references (a) through (d), I hereby request a formal mental health evaluation of (rank and name of SM) _____ who is being considered for (check one): Chapter separation, type _____ School, type _____ or other _____

(2) This SM has (yy and mm) _____ time on active duty service and has been assigned to my command since (date) _____. GT score upon enlistment was _____. Past average performance has been (check one) poor decreasing average improving excellent. Legal action (check one) is is not pending against the SM. Past legal actions include _____. If administrative action or charges are pending, list dates and type: _____

(3) I have forwarded to the Service member a memorandum (Ft Drum Form 426-1) that advises him/her of his/her rights. This memorandum also states the reasons for this referral, the name of the mental health care provider(s) with whom I consulted, and the names and telephone numbers of the judge advocates, DoD attorneys and/or Inspector General who may advise and assist him/her. A copy of this memorandum is attached for your review.

(4) This Service member has been scheduled for evaluation by (name and rank of mental health care provider) _____ at Community Mental Health Services on the following date: _____ at _____ hours.

(5) Should you wish additional information, you may contact (name and rank of designated POC) _____ at (phone) _____

(6) I understand that in non-emergency cases, this memorandum and FT Drum 426-1 must be sent to the Community Mental Health Clinic prior to the Service member being seen, or the Service member's appointment will be rescheduled; and that failure to provide all data requested on these forms may result in the Service member's appointment being rescheduled.

(7) Please, provide a summary of your findings and recommendations to me as soon as they are available.

Signature

Rank and Name of Commanding Officer

COMMUNITY MENTAL HEALTH SERVICE COMMANDER'S EVALUATION		DATE
TO: COMMUNITY MENTAL HEALTH SERVICE FORT DRUM, NY 13602-5004		FROM:
1. REASON FOR EVALUATION: <input type="checkbox"/> INDIVIDUAL'S OWN REQUEST <input type="checkbox"/> PHYSICIAN, CHAPLAIN, ETC. REQUEST <input type="checkbox"/> ADMINISTRATIVE SEPARATION (CHAPTER _____) <input type="checkbox"/> PRE-TRIAL EXAMINATION <input type="checkbox"/> OTHER (STATE BELOW)		
2. NAME & GRADE:	3. SSN:	
4. AGE:	MARITAL STATUS:	
5. ORGANIZATION:	LENGTH OF TIME IN UNIT:	
6. LENGTH OF SERVICE:	ETS:	
7. DUTY MOS/TITLE:		
8. IS THIS HIS/HER PRIMARY MOS? YES/NO		
9. AFQT/GT SCORES:		
10. CONDUCT:	EFFICIENCY:	
11. CIVILIAN OFFENSES AND DATES:		
12. ARTICLES 15, COURT MARTIALS, ETC. AND DATES:		
13. PHYSICAL PROFILE LIMITATIONS:		
14. GENERAL PHYSICAL ABILITY:		
15. BRIEFLY STATE NATURE OF PROBLEM LEADING TO REFERRAL:		

16. HAVE YOU DISCUSSED THE PROBLEM WITH THE INDIVIDUAL? YES/NO

SERVICE MEMBER IS AWARE OF THE REASON FOR REFERRAL AND HAS BEEN GIVEN AT LEAST 48 HOURS NOTICE OF THE APPOINTMENT, AS WELL AS GIVEN THE OPPORTUNITY TO SPEAK WITH OTHER AUTHORITIES, IE., IG, JAG. YES/NO

SERVICE MEMBER'S SIGNATURE: _____
DATE: _____

17. IS BOARD ACTION, REASSIGNMENT, TRANSFER, OR OTHER ADMINISTRATIVE/DISCIPLINARY ACTION CONTEMPLATED:
IF YES, SPECIFY:

18. HAS HE/SHE SUBMITTED ANY REQUESTS FOR REASSIGNMENT, DISCHARGE, CHANGE OF MOS, ETC., IN THE PAS SIX MONTHS?

19. WHAT MEASURE HAVE ALREADY BEEN TRIED TO CORRECT THIS INDIVIDUAL'S PROBLEM?

20. POSITIVE QUALITIES:

<input type="checkbox"/> NEAT APPEARANCE	<input type="checkbox"/> RESPONSIBLE	<input type="checkbox"/> MOTIVATED FOR SERVICE
<input type="checkbox"/> COOPERATIVE	<input type="checkbox"/> PHYSICALLY HEALTHY	<input type="checkbox"/> MAKES FRIENDS EASILY
<input type="checkbox"/> TAKES INITIATIVE	<input type="checkbox"/> INTELLIGENT	<input type="checkbox"/> POSSESSES VALUABLE SKILL (SPECIFY):

21. LIST PROBLEM AREAS (such as bad temper, a "loner", nervousness, frequent sick calls, abuse of drugs/alcohol, indebtedness, suspicious, cries easily, bedwetting, etc.

22. OTHER COMMENTS THAT MAY BE HELPFUL TO CMHS:

23. SPECIFIC QUESTIONS ABOUT THIS INDIVIDUAL THAT YOU WOULD LIKE CHMS TO ANSWER:

TYPED NAME AND TITLE OF COMMANDING OFFICER

SIGNATURE

PHONE EXTENSION