COMMAND REFERRAL TO BEHAVIORAL HEALTH CLINIC (BHC)

For use of this form, see Fort Knox Reg 40-13

THIS FORM HAS BEEN DESIGNED FOR USE BY COMMANDERS TO REFER SOLDIERS TO BHC FOR MENTAL HEALTH EVALUATIONS AND TO ASSIST BHC IN PROVIDING PROMPT RESPONSE TO THE UNIT COMMANDER. ALL ENTRIES MUST BE COMPLETE AND LEGIBLE. REF: AR 635-200, CHAP 1, SEC VII, PARA 1-34, B-F.

I. DATA OF SERVICE MEMBER BEING REFERRED

NAME	RANK	SSN

UNIT	UNIT PHONE NUMBER

II. REASON FOR REFERRAL [Check appropriate box(es)]

	1. MENTAL STATUS EVALUATION (MSE) FOR SEPARATION UNDER PROVISION OF AR 635-200, CHAPTER #: _____
	2. MENTAL STATUS EVALUATION (MSE) FOR (state purpose): _____
	3. SECURITY CLEARANCE
	4. PSYCHIATRIC EVALUATION FOR COUNSELING AND/OR OTHER PSYCHIATRIC CARE DEEMED APPROPRIATE (detail in Section III below).

III. IDENTIFIED PROBLEMS INCLUDE: (Describe behaviors and/or verbalizations that indicate the need for this mental health evaluation - continue description on separate paper if needed.)

IV. COLLATERAL AGENCY INVOLVEMENT (Check appropriate boxes, if used.)

- ☐ CHAPLAIN
- ☐ AMERICAN RED CROSS
- ☐ AER
- ☐ FINANCE
- ☐ ACS
- ☐ ARMY SUBSTANCE ABUSE PROGRAM
- ☐ SOCIAL WORK SERVICE
- ☐ FAMILY ADVOCACY PROGRAM

V. UNIT'S EXPECTATIONS REGARDING THIS EVALUATION:

VI. DOCUMENTS REQUIRED AT TIME OF APPOINTMENT:

A. Health Records.
B. FK Form 4388-E completed and signed by Unit Commander and Soldier being referred.
C. Supporting documentation describing reason for this mental health evaluation if applicable (Security Clearances, refer to Unit S-2 and submit under appropriate cover).

VII. REQUIRED PROCEDURES PRIOR TO EVALUATION (N/A for emergencies)

1. EITHER:

A. I have consulted with _____, a doctorate-level member of the Behavioral Health Staff, in making this referral;

B. or, prior consultation with Behavioral Health Staff was not possible due to: _____

2. THE SOLDIER HAS BEEN PROVIDED AN OPPORTUNITY TO SEEK COUNSELING REGARDING THIS REFERRAL THROUGH JAG AND/OR THE IG.

3. THE SOLDIER HAS BEEN ADVISED THAT THE FOLLOWING PROVISIONS APPLY:

A. Upon the request of the soldier, an attorney who is a member of the Armed Forces or employed by the DOD and who is designated to provide advice shall advise the member of the ways in which the soldier may seek redress.

B. If a soldier submits an IG allegation that the soldier was referred for a mental health evaluation in violation of DODD 6490-1 or implementing directives, the IG DOD shall conduct or oversee an investigation of the allegation.

C. The soldier shall have the right to also be evaluated by a mental health professional of the soldier's own choosing if reasonably available. Any such evaluation, including an evaluation by a mental health professional who is not an employee of the DOD, shall be conducted within a reasonable time after the soldier is referred for this evaluation and shall be at the soldier's own expense.

D. No person may restrict the soldier in communicating with the IG, an attorney, member of Congress, or others about this referral for a mental health evaluation. This provision does not apply to a communication that is unlawful.

E. In situations other than emergencies, the soldier shall have at least 2 business days before this scheduled mental health evaluation to meet with an attorney, IG, chaplain, or other appropriate party. If the commanding officer believes that the condition of the member requires that a mental health evaluation occur sooner, the commanding officer will state the reasons in writing as part of this request for consultation.

F. If the soldier is in circumstances related to the soldier's military duties which make compliance with any of these procedures above impractical, the commanding officer seeking the referral shall prepare a memorandum stating the reasons for the inability to comply.

VIII. INDIVIDUALS AVAILABLE TO THE SOLDIER TO ASSIST IN RESOLVING QUESTIONS RELATED TO THIS REFERRAL ARE:

A. JAG: _____
(Name and telephone number)

B. IG: _____
(Name and telephone number)

UNIT COMMANDER'S SIGNATURE BLOCK	SIGNATURE AND DATE

SOLDIER'S SIGNATURE AND DATE ACKNOWLEDGING RECEIPT OF THIS NOTICE

RECEIVED BY BHC (date/time): _____

THE SCHEDULED APPOINTMENT IS: _____