

Inpatient Agency Juvenile Data Report Form

Facility: _____

Facility Code: _____

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Chart # (if applicable)

Patient Last Name (PLEASE PRINT) First Name MI

Soc. Sec. # - -

Date of Birth: / /
mm / dd / yr

Age:

Race: 1=White/Caucasian 2=African American 3=American Indian
4=Alaskan Native 5=Asian 6=Other _____

Sex: Male Female

Requests (per court order) _____ Evaluation/Diagnosis/Committability
_____ Treatment/Service Recommendations

Court: 1=Juvenile
2=Other _____

_____ Competency to Stand Trial
_____ Mental Condition (Insanity Defense)
_____ A&D Assessment _____ Psychosexual
_____ MR assessment _____ Other, Specify

County _____

Nature of Proceedings Crime: 1=Capital 2=Violent Felony 3=Violent Felony: Sex Offense
4=Non-Violent Felony 5=Misdemeanor 6=Status Offense 7=Unknown

Dependency/Neglect

Specify Charge(s): _____

CMHC Previously Providing Juvenile Evaluation: _____

/ /
mm / dd / yr

Date Court Order Received

/ /
mm / dd / yr

Date of Admission

/ /
mm / dd / yr

Date Letter Sent to the Court

/ /
mm / dd / yr

Date of Discharge

-----**OUTCOME**-----

Diagnosis: Axis I _____

Axis II _____

Axis III _____

Axis IV _____ Axis V _____

Competency: 1=Yes, CMHC follow-up 4=No, CMHC follow-up 7=Deferred
2=Yes, no CMHC follow-up 5=No, Mentally Retarded 8=N/A
3=Yes, Residential Treatment 6=No, committable 9=N/A, discharged from elopement

Insanity Defense Supported: Yes No N/A N/A, Discharged from Elopement

Committable: 1=Yes, Mentally Ill 3=No, Referred to Community Services 5=No
2=Yes, Mentally Retarded 4=No, Referred to Residential Services 6=N/A

Referred To:

Community Mental Health Services Residential Treatment
 Residential Treatment with specialty program: Mental Retardation Sex Offender Substance Abuse
 Other _____

Other Recommendations: _____

Care Management/Follow-up Services: _____

Completed by: _____ **Date:** _____