

\_\_\_\_\_ **REGIONAL MENTAL HEALTH INSTITUTE**  
**FORENSIC INTAKE REPORT**

\_\_\_\_\_  
Date of Admission

\_\_\_\_\_  
Defendant's Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Language/s Spoken

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Age

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Referral Source

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Defendant's Current Location (jail, home, etc.)

\_\_\_\_\_  
County of Charge(s)

Charge(s) including date of charges (please provide events and stressors leading to the alleged offense/s):

**Felony:**

**Misdemeanor:**

Legal Status for Admission: T.C.A. § 33-7- \_\_\_\_\_ 301(a) \_\_\_\_\_ 301(b) \_\_\_\_\_ 303(c)

Medical Issues/Current Medications: \_\_\_\_\_

Court: \_\_\_\_\_

Judge: \_\_\_\_\_

District Attorney: \_\_\_\_\_

Defense Attorney: \_\_\_\_\_

\_\_\_\_\_  
Name of Attending Physician

\_\_\_\_\_  
Level of Care

\_\_\_\_\_  
Signature of Intake Person / Date

\_\_\_\_\_  
Unit / Program

PATIENT IDENTIFICATION (Label)



Dept. of Mental Health and Substance Abuse Services

**RMHI FORENSIC INTAKE REPORT**