

# REQUEST FOR MENTAL HEALTH EVALUATION

(Unit Referral of Active Duty Soldier)

TO: **Service Member Behavioral Health  
Womack Army Medical Center  
Ft. Bragg, NC 28310**

- WHSC
- West Bragg EBH
- Smoke Bomb Hill EBH
- East Bragg EBH
- Robinson EBH
- 3rd Group EBH

Commander	Unit
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Commander's Phone Number	Unit Phone Number
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Last Name	First Name	MI	Rank	DOB (DD/MMM/YYYY)	SSN
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Marital Status	Medical Profile <input type="checkbox"/> Yes <input type="checkbox"/> No	GT Score	MOS	Current Job
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Clearance <input type="checkbox"/> None <input type="checkbox"/> Secret <input type="checkbox"/> Top Secret	Flight Status <input type="checkbox"/> Yes <input type="checkbox"/> No	Personnel Reliability Program (PGM) <input type="checkbox"/> Yes <input type="checkbox"/> No
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Time in Unit YEARS MONTHS	Time in Service YEARS MONTHS
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**1. PURPOSE OF REFERRAL:** (Check One)

Personnel Separations Under AR 635-200/100  
Chapter \_\_\_\_\_ Para \_\_\_\_\_

Pretrial Evaluation

Security Clearance (IAW AR 380-67)

Conscientious Objector

Drill SGT or Recruiter Duty

**DoDI 6490.4 Applies to the following**

Emergency Evaluation (Safety to self/others)

Command request

Evaluations/Consultation

RE: \_\_\_\_\_

Others: \_\_\_\_\_

**2. From a Commander's viewpoint, what problems are you seeing and what information do you need?**

  
  
  
  
  

**3. Military Performance**

a. Past:  Excellent  Good  Marginal  Poor

b. Present:  Excellent  Good  Marginal  Poor

**4. The following positive traits have been observed:** (Check all that apply)

Physically Healthy  Helps Others  Able to Express Self

Desirable Attitude  Dependable  Willing to correct self

Shows Initiative  Intelligent  Other: \_\_\_\_\_

**5. The following concerns have been observed :** (Check all that apply)

Chronic Complaining  Excessive Indebtedness

Frequent Fights  Cheating and/or Lying

Refusing Effort  Marital/Family Problems

Excessive Alcohol Use  Difficulty with Authority

Illicit Drug Use  Isolative

Encourages Insubordination

Desire for Discharge  Other: \_\_\_\_\_

**6. The following evidence of emotional/adjustment difficulty has come to command attention:** *(Check those applicable and describe in Block 11)*

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> "Homesickness"           | <input type="checkbox"/> Problems with Concentration | <input type="checkbox"/> Insomnia     |
| <input type="checkbox"/> Nervousness              | <input type="checkbox"/> Extreme Mood Swings         | <input type="checkbox"/> Withdrawal   |
| <input type="checkbox"/> Abnormal Sexual Behavior | <input type="checkbox"/> Shyness/Timid               | <input type="checkbox"/> Poor Hygiene |
| <input type="checkbox"/> Blackouts                | <input type="checkbox"/> Unusual Behavior            | <input type="checkbox"/> Sleepwalking |
| <input type="checkbox"/> Feelings of Persecution  | <input type="checkbox"/> Excessive Fatigue           | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Excessive Aggression     | <input type="checkbox"/> Cries Excessively           |                                       |
| <input type="checkbox"/> Depression (Blues)       | <input type="checkbox"/> Constant Worrying           |                                       |
| <input type="checkbox"/> Fearfulness              | <input type="checkbox"/> Strange Ideas               |                                       |
| <input type="checkbox"/> Unusual Irritability     | <input type="checkbox"/> Carelessness                |                                       |

**7. Disciplinary Actions** *(ie. Negative counseling statements, Article 15s, or Court Martial):*

TYPE	DATE	CHARGES	DISPOSITION

**8. Measures already taken to assist the individual in rehabilitation:**

- a. Counseling By:
- |  |                                    |  |                                       |
|--|------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> CO            | <input type="checkbox"/> Chaplain  | <input type="checkbox"/> ADAPCP          | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> 1SG           | <input type="checkbox"/> JAG       | <input type="checkbox"/> Family Advocacy |                                       |
| <input type="checkbox"/> Plt Ldr/OIC   | <input type="checkbox"/> Red Cross | <input type="checkbox"/> ACS             |                                       |
| <input type="checkbox"/> Plt SGT/NCOIC | <input type="checkbox"/> ACAP      | <input type="checkbox"/> AER             |                                       |
- b. Administrative Actions:
- |  |  |
|--|--|
| <input type="checkbox"/> Rehabilitative Transfer | <input type="checkbox"/> Leave or Pass |
| <input type="checkbox"/> Duty Change             |  |

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| <b>9. a. Have you personally counseled this Soldier?</b>                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b. Have reasons for referral to behavioral health been discussed with the Soldier?</b> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>c. Soldier wants to be separated from the service.</b>                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>d. Is it your opinion that the Soldier is suitable for retention in the service.</b>   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**10. Your future plans for dealing with this soldier are:**

**11. Add any remarks that would be helpful in assisting you.**

**NOTE: By signing this form below, you acknowledge that are aware of and abiding by the requirements stipulated in DODi 6490.4 and DODi 6490.8.**

12. Signature of Commanding Officer <i>(Must be original)</i>	Printed/Typed Name, Rank, and Title	Date