

# IHS Outreach Navigation Program Referral Form

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Date of Referral: \_\_\_\_\_ Time of Referral: \_\_\_\_\_

Organization & Person making referral:

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Individual being referred: \_\_\_\_\_

D.O.B \_\_\_\_\_ Gender: Male  Female  Transgender  Non-binary

Physical description of the Subject:

Is the subject currently linked to any case manager, social worker or other support? Y N If yes, Name, Agency and Contact information:

Length of time homeless: \_\_\_\_\_ In last year: MH1# \_\_\_\_\_ EMS# \_\_\_\_\_ Arrests: \_\_\_\_\_

Location of subject: \_\_\_\_\_ When likely to be found there? \_\_\_\_\_

Any known relatives:

Contact info for relatives: \_\_\_\_\_ Phone: \_\_\_\_\_

Veteran Status:

Legal Status:

Has this individual ever been diagnosed with a mental illness/substance use disorder in the past? When?

Was he/she ever treated for this mental illness or substance use disorder? When and where?

(Please complete 2nd page of this referral as best you can based on your observations or records.)

## For Office Use Only:

Referral redirected to:

Referral Accepted for:  Assertive outreach  Guardianship  ACT

A person may be ordered to obtain assisted community treatment if the family court finds, based on the professional opinion of a psychiatrist or advanced practice registered nurse with prescriptive authority and who holds an accredited national certification in an advanced practice registered nurse psychiatric specialization, that:

1. The person is mentally ill or suffering from substance abuse;

Diagnoses: MI \_\_\_\_\_  
SA \_\_\_\_\_

2. The person is unlikely to live safely in the community without available supervision, is now in need of treatment in order to prevent a relapse or deterioration that would predictably result in the person becoming imminently dangerous to self or others, and the person's current mental status or the nature of the person's disorder limits or negates the person's ability to make an informed decision to voluntarily seek or comply with recommended treatment;

Eating out of trash       Arrests  Charges  
\_\_\_\_\_  MH1s \_\_\_\_  MH2s Risky behaviors  
e.g. walking into traffic      Aggressive toward strangers  Infections that  
has led to cellulitis/septicemia  unhygienic e.g. caked in feces, urine  
soaked clothing  repeated urinary tract infectins  neglectful of wounds  
 victim of assault  victim of theft/robbery  viictim of sexual assault   
 victim of trafficking  unaware of threats to safety, high risk behaviors   
]

3. The person has a: (A) Mental illness that has caused that person to refuse needed and appropriate mental health services in the community; or (B) History of lack of adherence to treatment for mental illness or substance abuse that resulted in the person becoming dangerous to self or others and that now would predictably result in the person becoming imminently dangerous to self or others; and

Dx with MI, but refuses to take or continue on medication  Has been hospitalized and demonstrates good response to medication in past  has taken medications and stopped when feeling better # of times \_\_\_\_\_  has unfounded beliefs about medication  
 Dx with Substance use disorder  has relapsed # of times \_\_\_\_\_  substance use has resulted in serious health conditions e.g. comprimised cardiac function, renal insufficiency, hepatitis, cholecystitis it  uncontrolled diabetes contributing to tendency toward cellulitis and amputation

4. Considering less intrusive alternatives, assisted community treatment is essential to prevent the danger posed by the person, is medically appropriate, and is in the person's medical interests.

has been incacerated in the past because of behaviors. Person has been hospitalized for \_\_\_\_ days  fails to respond to assertive outreach and suggestion of medication or medical tretment  Health trajectory poor with deterioratio of function  risks are outweighed by benefits of medication and treatment.  individual is a good candidate for medication treatment e.g. side effcts outweighed by potential for calrity of thought and increased function related to same.