

MENTAL STATUS EVALUATION REQUEST

DATE: _____

NAME: _____ SSN: _____ RANK: _____ MOS: _____

TYPE OF EVALUATION REQUESTED:

1. Mental Status Evaluation for Chapter Proceedings
 - Chapter 5-13 (Personality Disorder) Chapter 14-12b (Pattern of Misconduct) Other: _____
 - Chapter 5-17 (Other Mental Condition) Chapter 14-12c (Serious Offense)

2. Mental Status Evaluation for Schools, Special Duties, or Security Clearance
 - Drill SGT School Ranger School Special Response Team Training
 - Recruiter School Sniper School Other: _____

3. Command Directed Mental Health Evaluation
 - Commander must obtain date, time and location of appointment with a mental health provider and counsel the soldier about their rights
 - Describe the reason or behavior leading to the request for evaluation. **Forms submitted without explanation for evaluation request will be returned.**

SERVICE MEMBER RIGHTS

1. You have two business days to meet with the IG, JAG, a Chaplain or other counselor before this evaluation is performed.
2. Your commander must inform you why he or she is referring you for this evaluation.
3. You have the right to know the date, time and location of your appointment.
4. You have the right to receive a copy of this Mental Status Request Memorandum.
5. In the case of an **emergency** where you may present a danger to yourself or others, you may be ordered to undergo this evaluation immediately.
6. Following the evaluation, you have the right to obtain a second opinion and be evaluated by a mental health provider of your own choosing at your expense, if available.

The above listed Service Member Rights have been read to me and I understand them.

(If soldier refuses to sign, Commander shall state the reason for refusal)

SIGNATURE OF SERVICE MEMBER TO BE EVALUATED

PRINTED NAME OF COMMANDER	RANK	PHONE NUMBER	SIGNATURE

References: DoD Directive 6490.1, "Mental Health Evaluations of Members of the Armed Forces," 1Oct97; DoD Instruction 6490.4, "Requirements for Mental Health Evaluations of Members of the Armed Forces," 28Aug97; DoD Directive 7050.6, "Military Whistleblower Protection," 12Aug95; Section 546, Public Law 102-484, "National Defense Authorization Act of Fiscal Year 1993;" MEDCOM Reg 40-38, "Command Directed Behavioral Health Evaluations," 2002.

Complete this form and bring with you to this department. Any questions may be directed to the clinic at 337-531-3922.