





MENTALLY ILL  
(Definition)

ORS 426.005 "Mentally ill person" means a person who, because of a mental disorder, is either:

- a. Dangerous to himself or others; or
- b. Unable to provide for his basic personal needs and is not receiving such care as is necessary for his health and safety.

The following are other interested parties:

| <u>Name:</u> | <u>Relationship</u> | <u>Address</u> | <u>Phone Number</u> |
|--------------|---------------------|----------------|---------------------|
| _____        | _____               | _____          | _____               |
| _____        | _____               | _____          | _____               |
| _____        | _____               | _____          | _____               |
| _____        | _____               | _____          | _____               |

Original: Court  
Copy: County Mental Health Program Director or Designee





3. Check the traits or behaviors which currently describe this person:

- |   |  |                                    |
|---|--|------------------------------------|
| <input type="checkbox"/> Bedridden  | <input type="checkbox"/> Tense or fearful                                    | <input type="checkbox"/> Untidy    |
| <input type="checkbox"/> Excited or agitated                                    | <input type="checkbox"/> Depressed   | <input type="checkbox"/> Violent   |
| <input type="checkbox"/> Suicidal   | <input type="checkbox"/> Apathetic or listless                               | <input type="checkbox"/> Homicidal |
| <input type="checkbox"/> Hostile or suspicious                                  | <input type="checkbox"/> Confused, rambling, disorganized thinking or speech |                                    |
| <input type="checkbox"/> Apparently seeing or hearing things that are not there |  |                                    |
| <input type="checkbox"/> Unreasonable beliefs that people are against them      |  |                                    |
| <input type="checkbox"/> Physical or psychological withdrawal from others       |  |                                    |

4. Describe any traits or behaviors that you marked above. (If additional space is needed, use the last page.)

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5. How and when did these problems start?  Gradually  Suddenly Please explain:

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6. Describe any recent situations or incidents which could have caused these problems:

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7. Describe what this person was like before the start of these mental problems:

Well adjusted?  Unstable? Please explain?

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8. Has this person been a patient at any mental health clinic, with a private physician or counselor, or at any hospital or other facility serving people with mental disorders? ( ) Yes ( ) No  
If yes, with whom, where and when?

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9. What medication is this person currently taking? Include prescribed and non-prescribed.

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10. What medication has been prescribed, but this person has not been taking?

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11. Has this person been abusing or been addicted to any alcohol or drugs?

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12. Has this person shown any antisocial behavior (breaking laws or important social customs)?  
( ) Yes ( ) No If yes, list any recent and relevant arrests and convictions and when.

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13. Are there any criminal or civil charges against this person at this time?  
( ) Yes ( ) No If yes, explain.

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14. Has this person had any recent or chronic illness or serious accident?  
( ) Yes ( ) No If yes, explain.

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15. Does this person have any physical defects or deformities? ( ) Yes ( ) No

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16. Does this person require any unusual help in caring for self? ( ) Yes ( ) No

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**C. OTHER INFORMATION**

1. Have other members of this person's immediate family had a mental disorder?  
( ) Yes ( ) No If yes, identify.

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2. Give the names and addresses of relatives or friends who have an interest in the person's welfare.

| <u>Name</u> | <u>Relationship</u> | <u>Address</u> | <u>Phone</u> |
|-------------|---------------------|----------------|--------------|
|-------------|---------------------|----------------|--------------|

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3. What social agencies are interested and involved with this person or family?  
Give name, address and nature of agency's interest.

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4. Name and address of family physician.

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5. During this present illness, what plans were considered other than commitment?

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6. What would be the attitude of this person towards hospitalization?

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Toward commitment? \_\_\_\_\_

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**D. PERSON(S) WHO PROVIDED THIS INFORMATION:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

How long have you known this person? \_\_\_\_\_

How well do you know this person? \_\_\_\_\_

DESCRIPTION SHEET

(to supplement Case History of N.M.I.)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

DISTINGUISHING FEATURES: (scars, tattoos, beard, etc.)

\_\_\_\_\_

\_\_\_\_\_

OTHER PERSONS AT THIS ADDRESS: \_\_\_\_\_

\_\_\_\_\_

DOES THIS PERSON DRIVE A CAR? YES ( ) NO ( )

IF SO, DESCRIPTION OF CAR: MAKE-MODEL \_\_\_\_\_

YEAR: \_\_\_\_\_ COLOR: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

DIRECTIONS TO PLACE OF RESIDENCE IF OUTSIDE CITY LIMITS OR DIFFICULT TO LOCATE:

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DESCRIPTION OF RESIDENCE: \_\_\_\_\_

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