

## Probation Psychiatric Evaluation Referral

Youth's Name:  
ID #: Youth's DOB:  
Probation Officer:  
Telephone:  
Attorney:  
Attorney Email: \_\_\_\_\_

Date of Court Order: \_\_\_\_\_  
Report Due: \_\_\_\_\_  
Accepting Evaluator: \_\_\_\_\_  
Date Accepted: \_\_\_\_\_  
Youth's Location: \_\_\_\_\_

### Guidelines for Ordering Probation Psychiatric Evaluations

- **Psychiatric Evaluations** are indicated when the Court desires a written opinion concerning the youth's need for psychiatric medications. This type of evaluation would address the psychiatric and/or medical condition(s) related to the delinquency issues.
- **Psychiatric evaluations are completed by evaluators with a MD or OD. Evaluators with an MD or OD and who are approved to conduct psychiatric evaluations are not to accept psychological or neuropsychological evaluations.**

### Referral Questions for Psychiatric Evaluations: (Select Relevant Questions Only)

- 1. What is the youth's current cognitive functioning in terms of judgment, insight, and reality orientation?
- 2. What is the youth's current behavioral and emotional functioning?
- 3. What are the strengths and weaknesses of the youth's interpersonal relationships?
- 4. What impact has the youth's childhood/family experiences had on his/her current behavior?
- 5. Does the youth have a mental health diagnosis? If so, please identify.
- 6. Does the youth have a substance abuse and/or dependence diagnosis? If so, please identify.
- 7. What risk factors are present related to the youth's commitment to a delinquent lifestyle? Does the youth participate in a gang, "crew," or other antisocial group?
- 8. What interventions and treatment services are recommended to address the identified mental health/substance abuse problems? {If the youth has had long term residential treatment services, clarify if further residential treatment is indicated.} Does the youth have a mental health diagnosis amenable to psychiatric treatment? Are psychiatric medications advised? What other interventions are recommended to reduce the probability of re-offending?
- 9. Medication Recommendations.
- 10. What is the youth's potential to be victimized within a correctional institution?
- 11. Other: Please talk with the PO for discussion of other possible concerns: \_\_\_\_\_

This Packet includes:

- Court Order
- Probation Face Sheet
- Police Report
- Detention Report (if any)
- IEP Reports (if any)
- Copy of previous psychological evaluation
- Additional forms or reports: \_\_\_\_\_

An email with the minute order and J1081 form was sent to the Health Information Management (HIM Department) at [himdept.hhsa@sdcounty.ca.gov](mailto:himdept.hhsa@sdcounty.ca.gov) on \_\_\_\_\_. Additional information will be forwarded to the evaluator, if applicable to the case.