

### PRE-PETITION SCREENING REPORT

Regarding:

\_\_\_\_\_  
(Name of Proposed Patient)

\_\_\_\_\_  
(Address)

Who was examined by and whose case was reviewed by:

\_\_\_\_\_  
(Name and Title of Examiner)

\_\_\_\_\_  
(Name and Title of Examiner)

Investigation of the facts that the proposed patient is:

\_\_\_ a danger to self

\_\_\_ gravely disabled, or

\_\_\_ a danger to others

\_\_\_ persistently or acutely disabled

As alleged by:

\_\_\_\_\_  
(Name of Applicant)

\_\_\_\_\_  
(Relationship of Applicant to Proposed Patient)

Show that:

\_\_\_\_\_ who was/was not seen in \_\_\_\_\_  
(Name of Proposed Patient) (Place of Interview)

Was brought to the attention of this agency by \_\_\_\_\_

Will proposed patient undergo voluntary evaluation? \_\_\_ Yes \_\_\_ No

Evaluation as an Inpatient \_\_\_ Outpatient \_\_\_ is recommended for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Treatment:

\_\_\_\_\_  
\_\_\_\_\_

Substance Abuse History:

\_\_\_\_\_  
\_\_\_\_\_



Medical History:

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Social History:

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Conclusion and Recommendations:

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This report was prepared by : \_\_\_\_\_  
(Name and Title)

On: \_\_\_\_\_  
(Date) (Signature)

Names and addresses of two witnesses who can testify to the behavior herein reported:

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(Name) (Address) (Phone)

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(Name) (Address) (Phone)