

Rochester Police Department

Mental Health Contact Report

Subject Name: _____
Date of Birth _____
Phone Number _____

Arrest or Incident# _____

Race: Caucasian Black
 Native American Hispanic
 Asian Other _____

Mental Illness Yes No Possible

Diagnosis

Threat Assessment: None
Suicide Ideation: Yes No
Suicide Attempt: Yes No
Suicide Note Yes No
Suicide Plan Yes No
Threat to Harm Others Yes No
Threat to Harm Self Yes No
Able to Care for Self Yes No

1. Current Mental Health Provider

2. Previous Mental Health Provider

If outside NH (#1,2)List full address

Weapon/Method: None
 Firearm Traffic
 Edged Weapon Overdose
 Hanging Other _____
 Police

Medications:

Injuries: None
Prior to Police Contact Yes No
Self Inflicted Yes No
Injury to Third Party Yes No
Injury to Police Yes No
Due to Use of Force Yes No

Substance Use: None
 Alcohol Marijuana
 Cocaine Methadone
 Heroin Other _____
 Intentional O.D. Accidental O.D.

Arrest:
 Misdemeanor
 Protective Custody Drugs
 Protective Custody Alcohol
 Protective Custody Mental Health (IEA)

None
 Voluntary Psychological Exam
 Felony
 Diverted from Arrest

Disposition: _____ **Number of hours from time of arrest until disposition (round to .25 increments)**

IEA Committed
 IEA Released for Outpatient MH Follow-up
 Referred to Alcohol or Drug Counseling
 Referred to Community Partners
 Referral to Adult & Elderly Services

Admitted to Local Hospital
 Referred to Mental Health Court
 Referred to Regular Criminal Court
 Released-No Further Action

Patrol Officer _____ CIT Officer _____ Supervisor _____

***Submit Contact Report with either a copy of the Offense or Arrest Report to CIT Team Leader