



Early Referral (ER) to Forensic Evaluation Service (FES)

Complete all requested items below and email to

- OSH.FESDirector@dhsoha.state.or.us
- OSHForensic.EvaluationService@dhsoha.state.or.us

Referrals without all the requested information will not be scheduled until it is complete. If a referral is incomplete, you will be notified.

Patient's Name:	
All crime(s) charged:	
<p><u>Briefly</u> state the reason for an early evaluation. Include brief information about the following:</p> <p>Your screening with regard to cooperation, understanding, and participation in the context of symptoms and behaviors.</p>	

Medications

Currently medicated?	
At adequate doses?	
For how long?	
Voluntary, Involuntary or Doesn't qualify for involuntary medications?	

Trials of medications?	
If not medicated, why aren't medications indicated?	
Current medications and dosages	

Treatment:

Trajectory of response to treatment so far, including medication responses, response to competency restoration services, etc.	
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Malingering:

Is malingering an issue?	
If it is, tell us why malingering is a possibility in this case as supported by the chart documentation.	

Interpreter:

Yes or No	
If yes, provide language:	

Unique considerations:

Indicate any unique considerations that may facilitate the evaluation:	
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Attorney

Does the patient want the attorney present?	
If patient wants an attorney present at the interview, provide attorney's:	
Name:	
Phone:	