PROVIDER COMMUNICATION

TYPE OF COMMUNICATION REQUESTED: ☐ **CONSULTATION**

SENDER*	**RECIPIENT***
Agency: _____	Agency: _____
Address: _____	Contact Person: _____
Contact Person: _____	Phone Number: _____
Phone Number: _____ Fax Number: _____	Fax Number: _____
E-mail: _____	E-mail: _____

PRACTITIONER INFORMATION*

Name: _____ Title: _____

Contact Information (if different from Sender information above): _____

Provider Signature: _____ Date: _____

CLIENT INFORMATION*

Name: _____Medi-Cal CIN:_____ DOB: _____

Address: _____ Phone Number: _____

Gender: _____ Preferred Language: _____ Ethnicity: _____

Caregiver's Name (if applicable): _____ Preferred Language: _____ Phone Number: _____

Payor Source**:** ☐ Medi-Cal Only ☐ Medicare Only ☐ Medi-Medi ☐ Uninsured ☐ Other _____

DOCUMENTS ☐ **PROVIDED – or –** ☐ **REQUESTED***

Note: The release of Protected Health Information may require a signed client authorization under certain circumstances.

Check as many boxes as applicable: ☐ Authorization ☐ History & Physical ☐ Laboratory (specify) _____

☐ Assessment ☐ Assessment Summary ☐ Treatment Plan ☐ Treatment Summary ☐ Problem List ☐ Medication List

☐ Progress Notes ☐ Consultation Outcome ☐ Discharge Plan ☐ Other (specify) _____ ☐ None

Explanation/Additional Comments: _____

_____

Request for Forensic Consultation - Required Information *(The client/practitioner must be available on Mondays for consultation)*

☐ AOT Evaluation ☐ Violence/Risk/Threat Assessment ☐ Suicide Risk Assessment ☐ LPS Conservatorship

☐ Juvenile Court Mental Health Services Consult ☐ Tarasoff Reporting ☐ Child/Elder Abuse Reporting ☐ Confidentiality Questions

☐ Ethical Questions ☐ Other

Description of question or request: _____

_____

_____

_____

_____

Signature of Program Manager or Supervising Psychiatrist: _____ Date: _____

Signature of District Chief: _____ Date: _____

DMH USE ONLY

Name: **DMH ID#:**

Agency: **Provider #:**

Los Angeles County – Department of Mental Health

PROVIDER COMMUNICATION

What is a Forensic Psychiatry Consultation?

The purpose of the Forensic Psychiatry Consultation service is to provide forensic mental health consultation to DMH directly-operated clinics around a variety of issues. These may include:

- Assisted outpatient treatment (AOT) evaluation
- Violence risk assessment/threat assessment
- Suicide risk assessment
- LPS conservatorship (contested or challenging)
- Juvenile Court Mental Health Services consult (these also would come directly via JCMHS)
- "Tarasoff" reporting questions
- Child or elder abuse reporting questions
- Confidentiality questions
- Ethical questions
- Other (involving interface of psychiatry/mental health and the law)

Consultations can involve direct evaluation of clients, record review, and/or discussion of issues related to legal or ethical questions around mental health and the law. Initial consultations will be performed by UCLA Forensic Psychiatric Fellows, who will be supervised by UCLA Forensic Psychiatry Faculty members and/or DMH Supervising Mental Health Psychiatrists/Mental Health Psychiatrist with a current Forensic Psychiatry Certification by the American Board of Psychiatry and Neurology.

Instructions on how to request a Forensic Psychiatry Consultation:

1. Complete the Provider Communication Form MH707FC (Forensic Consult version)
2. Obtain District Chief's signature/authorization. District Chief will submit request via email to ALL of the following individuals: Annketse Desta (adesta@dmh.lacounty.gov), Daisy Peralta (dperalta@dmh.lacounty.gov), AND Tara Nixon (tnixon@dmh.lacounty.gov). These individuals will forward the consultation request to the UCLA Forensic Psychiatry Fellowship Director.
3. UCLA Forensic Psychiatry Fellowship Director, UCLA Forensic Psychiatry Faculty, and/or appropriately qualified DMH Supervising Mental Health Psychiatrist/Mental Health Psychiatrist will review the request to determine its appropriateness and the Fellowship Program's capacity to complete the consult in a timely manner.
4. If accepted, the consultation request will be forwarded to the UCLA Forensic Psychiatry Fellow, who will contact the requesting individual/program to schedule the evaluation (if necessary) or meeting time. Most evaluations or meetings will take place on Mondays, though there may be more flexibility for record review and phone consultations.
5. After reviewing records, collateral information, and/or conducting the evaluation, the UCLA Forensic Psychiatry Fellow will discuss the consultation with his/her supervisor.
6. The UCLA Forensic Psychiatry Fellow will provide both verbal and written recommendations and additional feedback to the requestor. Written recommendations can be scanned into IBHIS.

Please note that because of the limited resources available to this program (two UCLA Forensic Psychiatry Fellows working 8-10 hours/week), not all consultations will be accepted. If the requestor is not contacted, they should assume that a consultation will not be performed.

Also, this service will not address emergent or urgent forensic mental health issues, and in no way replaces other assessments/actions/interventions urgently (e.g., violence risk assessment, acute suicide risk assessment) that may be appropriate and needed when these emergent or urgent situations arise.