

## NAVY RESERVE AND MARINE FORCES RESERVE PSYCHOLOGICAL HEALTH OUTREACH PROGRAM INTAKE

### 1. Psychological Health Outreach Program Information

Region	Date	
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### 2. Client Information

Name	Street Address		
City	State	ZIP Code	Telephone Number
E-mail Address	Date of Birth	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Marital Status			

Emergency Contact

Where/how can we leave you a message (Check all that apply)

E-mail     
  Voice Mail     
  USPS Mail     
  Text Message

### 3. Family Information

Name (Spouse or Significant Other)	Telephone Number	Number of Children	Family Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No
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### 4. Military Information

Client HTC/NOSC Location	Client Reserve Unit		
POC Name	Telephone Number		
Military Status	Rank	Years of Service	Access to Weapons in Unit <input type="checkbox"/> Yes <input type="checkbox"/> No

Rate (Specific Duties for the Unit)

### 5. Civilian Information

Employment Status	Health Insurance
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### 6. Health Assessment

Last Post Health Assessment Completed <input type="checkbox"/> PHA <input type="checkbox"/> PDHA <input type="checkbox"/> PDHRA	Past PHA Date	Received OSC Training <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A - Family Member
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Mental Health History

Initial GAF Rating	Initial OSC Rating	High Risk Client	Initial Risk Level
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Deployed

Location

Number of Deployments	Deployment Start Date	Deployment End Date
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7. Injuries Experienced During Deployment

- |  |   |
|--|---|
| <input type="checkbox"/> Blast or Explosion                                    | <input type="checkbox"/> Blast/Explosion & Frag./Bullet Wound (below shoulder)          |
| <input type="checkbox"/> Vehicular Accident/Crash                              | <input type="checkbox"/> Vehicular Accident/Crash & Frag./Bullet Wound (above shoulder) |
| <input type="checkbox"/> Fragment Wound or Bullet Wound (above shoulder)       | <input type="checkbox"/> Vehicular Accident/Crash & Frag./Bullet Wound (below shoulder) |
| <input type="checkbox"/> Fragment Wound or Bullet Wound (below shoulder)       | <input type="checkbox"/> Non-Combat Injuries (animal bites, dehydration, etc.)          |
| <input type="checkbox"/> A Fall  | <input type="checkbox"/> Sexual Assault   |
| <input type="checkbox"/> Blast/Explosion & Vehicular Accident/Crash            | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Blast/Explosion & Frag./Bullet Wound (above shoulder) |   |

8. Referral Information

Source One

Source Two

Reason For Referral

Name

Signature

Date