

**Request for a Non Emergency Command Directed Behavioral Health Evaluation
Commander's Counseling Tool and Written Request for Evaluation (IAW DODI 6490.04)**

Date: _____

To: Department of Behavioral Medicine _____ From: _____ (Commander and Unit Contact)
Brooke Army Medical Center _____
Fort Sam Houston, TX _____

1. Request a Command Directed Behavioral Health Evaluation of:

Soldier's Name: _____ Rank: _____ DOB: _____
SSN: _____ MOS: _____ TIS: _____

2. Referred by:

Name: _____ Rank: _____
Title/Position: _____ Commander: Supervisor:
Phone: _____ Email: _____

3. Reason for Evaluation:

Cause of concern: (What behaviors or verbal expressions have led to the determination that a behavioral health condition may be negatively impacting the Soldier's performance?)

Question to be answered: 1. What is the SM's diagnosis and prognosis?
2. Is the SM fit for duty?
3. Are there any safety precautions for this SM?
4. What are the treatment recommendations?

4. Military Information:

Any disciplinary issues (UCMJ, Article 15, _____
Civilian offenses, other counselings/actions): _____
Past Performance: Excellent: Good: Marginal: Poor:
Present Performance: Excellent: Good: Marginal: Poor:
Previous Rehabilitation Attempts: _____
Do you believe this Soldier can be retained: Yes: No:
Other remarks that may be helpful in assisting you with this Soldier: _____

5. Evaluation Information:

Appointment Date: _____ Time: _____
Location: _____ Provider: _____

6. I have provided counseling to the Soldier that there is no stigma associated with seeking behavioral health services and have informed the Soldier about the date, time, location, and provider for this evaluation.

Name, Grade, and Signature of Requestor

Date