

Special Case Staffing Request Form

Sep 11, 2024

Use this form to request a special case staffing.

1. Name of Requestor:

2. Date of Request:

3. Client First & Last Name:

4. EHR#:

5. Age of Client:

6. Gender of Client:

7. Special Population [Please indicate if homeless, a veteran, on parole / probation, if conserved, in foster care, a ward of the court, hold status (5150/5250/etc), minor consent, court involved, etc]:

8. Is a signed ROI for non-KCBH entities/non-treating providers completed? List entities included on ROI [ie. Office of Education, parole/probation officers, friends, family members, CVRC, etc.]

9. Kings County MHP Consumer: Current or Past?

10. Diagnostic and Psychiatric History:

11. Current Medications:

12. Medication Compliance:

13. Medical History:

14. Substance Use History:

15. Current Providers:

16. Presenting Problem(s) / Symptom(s):

17. Barriers [placement, medications, DTS, DTO, DG - Please explain]:

18. Desired Outcome:

19. Preferred time to meet for consultation meeting [indicate a few dates and times that would be ideal to meet for this case staffing]?

20. **** Print this page before submitting **** Use this printed version for a guide to present at the case staffing when it is scheduled. This process is a pilot to improve case staffing meetings.

If using a printed form, please email completed document to MOST.KCBH@co.kings.ca.us