UNIT COMMANDER'S REFERRAL TO:

COMMUNITY MENTAL HEALTH CLINIC
700 24TH ST, BLDG 8200
FT. LEE, VA 23801
PHONE 734-9143 / FAX 734-9188

INSTRUCTIONS: This form is to be filled out in duplicate and (1) one copy forwarded to CMHS by the Officer/ NCO in charge. This form may also be requested by CMHS when subject is referred through other channels.

1. NAME: (LAST, FIRST, MIDDLE INITIAL)

2. GRADE:	3. DOB and AGE:	4. SSN:

5. UNIT: (ADDRESS & PHONE #)

6. SOURCE: MEDCOM Reg. 40-38, APPENDIX G

References:
(a) DOD Directive 6490.1 "Mental Health Evaluations of Members of the Armed Forces," Oct.1, 1997.
(b) DOD Instruction 6490.4, "Requirements for Mental Health Evaluations of Members of the Armed Forces," Aug. 28, 1997
(c) Section 546 of Public Law 102-484,"National Defense Authorization Act of Fiscal Year 1993," Oct. 1992.
(d) DOD Directive 7050.6,"MilitaryWhistleblower Protection," Aug. 12, 1995.

7. In accordance with reference (a) through (d), this memorandum is to inform you that I am referring you for a mental health evaluation.

8. The following is a description of your behavior and/ or verbal expressions that I considered in determining the need for a mental health evaluation:
(Provide dates and a brief factual description of specific behaviors/ actions. Please include references to conduct and efficiency as well as any AWOL, Article 15, Courts-Martial, or civilian offenses.):

MEDDAC 725
22 FEB 2000

9. Before making this referral, I consulted with the following mental health care provider(s) about your recent actions: (list health care providers concurring that this evaluation is warranted and appropriate)

Rank	Name	Corps/ Branch	Medical Facility/ Clinic	Date

**Attach additional sheet if necessary

OR

Consultation with a mental health provider prior to this referral is/ was not possible because: (give reasons)

_____

_____

10. Per references (a) and (b), you are entitled to the rights listed below:

(a) The right, upon request, to speak with an attorney who is a member of the Armed Forces or is employed by the Department of Defense who is available for the purpose of advising you of the ways in which you may seek redress should you question this referral.

(b) The right to submit to your Service Inspector General or to the Inspector General of the Department of Defense (IG, DOD) for investigation of an allegation that your mental health evaluation referral was a reprisal for making or attempting to make a lawful communication to a member of Congress; any appropriate authority in your chain of command' an IG' or a member of a DOD audit, inspection, investigation, or law enforcement organization; or in violation of (references (a)), DOD Instruction (ref. (B)), and / or any applicable regulations.

(c) The right to obtain a second opinion and be evaluated by a mental health care provider of your own choosing, at your own expense, if reasonably available. Such an evaluation by an independent mental health care provider shall be conducted within a reasonable period of time, usually within 10 business days, and shall not delay nor substitute for an evaluation performed by a DOD mental health care provider.

(d) The right to communicate without restriction with an IG, attorney, member of Congress, or others about your referral for a mental health evaluation. This provision does not apply to a communication that is unlawful.

(e) The right, except in emergencies, to have at least 2 business days before the scheduled mental health evaluation to meet with an attorney, IG, chaplain, or other appropriate party. If I believe your situation constitutes an emergency or that your condition appears potentially harmful to your well being and I judge that it is not within your best interest to delay your mental health evaluation for 2 business days, I shall state my reasons in writing as part of the request for the mental health evaluation.

(f) IF you are assigned to a naval vessel, deployed or otherwise geographically isolated because of circumstances related to military duties that make compliance with any of the procedures in paragraphs (9) and (10) above impractical, I shall prepare and give you a copy of the memorandum setting forth the reasons for my inability to comply with these procedures.

11. You are scheduled to meet with the following mental health care provider:

_____

(Rank, name of provider) name of MTF/ clinic date/ time of appt.

12. The following authorities can assist you if you wish to question this referral:

a) Military attorney: _____

_____

(Provide rank, name, location, telephone number & business hours)

b) Inspector General: _____

_____

(Provide rank/ title, name address, telephone numbers, and hours of service, IG, DOD. The IG/ DOD telephone number is 1800-424-9098.)

c) Other available resources: _____

_____

(Provide rank, name, corps/ title of chaplains or other resources available to counsel and assist the Service member.)

SIGNATURE OF COMMANDING OFFICER / DATE

UNIT PHONE NUMBER

I HAVE READ THE MEMORANDUM AND HAVE BEEN PROVIDED A COPY.
SIGNATURE OF INDIVIDUAL BEING REFERRED/ DATE

OR

The Service member declined to sign this memorandum which includes the Statement of Rights because of the following reasons : _____

_____

_____

WITNESS'S SIGNATURE: (INCLUDE RANK) DATE:

_____ _____

MEDDAC 725
22 FEB 2000