COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
BEHAVIORAL HEALTH DEPARTMENT
JUSTICE SERVICES DIVISION

CONFIDENTIAL

Referral For Assisted Outpatient Treatment (AOT)

Submit completed form to BH.AOT@co.slo.ca.us or SLO County Behavioral Health via fax (805) 781-4866.
For all questions contact Justice Services at BH.AOT@co.slo.ca.us and someone will assist you.

Individual Completing Referral

Agency: _____ Name: _____ Date: _____

Relationship to Referred Individual: _____

Phone: _____ Email:_____ Fax:_____

Referred Individual Information

Client Legal Name: _____ SS #: _____ Gender: _____

DOB: _____ Age: __ Phone Number: _____ Email: _____

Address: _____ City: _____ ZIP: _____

If homeless, specify location (e.g. corner of Higuera/Prado): _____

Race/Ethnicity: _____ Preferred Language: _____

Insurance Status: ☐ Medi-cal ☐ Private ☐ Medi-care ☐ None ☐ Unknown

Has the client been notified of this referral? ☐ Yes ☐ No

Is the individual currently incarcerated / hospitalized: ☐ Yes ☐ No If yes, where: _____

History of serious acts of violence towards: ☐ Self ☐ Others ☐ Unknown

History of non-compliance with treatment: ☐ Yes ☐ No ☐ Unknown

Number of incarcerations in the past 36 months: _____ Dates: _____ ☐ Unknown

Psych hospitalizations in the past 36 months: _____ Dates: _____ ☐ Unknown

Currently receiving Mental Health Services? ☐ Yes ☐ No ☐ Unknown If yes, Agency: _____

Mental Health Medication: ☐ Yes ☐ No ☐ Unknown If yes, list: _____

Mental Health and/or Substance Use Disorder concern: