SAN BERNARDINO COUNTY
Behavioral Health
303 E. Vanderbilt Way San Bernardino | (909) 388-0900
www.SBCounty.gov

myAvatar Program Assignment (Mental Health)

Client Name		Medical Record Number	
Program Start Date		Program Assigned	

Referred From (if available)	

Reason for Evaluation/Treatment		Crisis help (Not seeking hospital)	☐
Seeking Hospitalization	☐	Non Crisis Psychological	☐
Comply w/Justice System	☐	Comply w/Family's wishes	☐
Comply w/Parent's wishes	☐	Comply w/Conservator's wishes	☐
Comply w/Mental Health System	☐	Comply w/MD Instruction	☐
Regain Custody of Children	☐	Avoid Loss of Job/Marriage/Etc.	☐
Obtain Entitlement Benefit related to MH	☐	Maintain non-MH Related Resource Help	☐

Were you sent for services by Probation/Parole/Court?	Yes	☐	No	☐
Are you seeking services because of a Lawsuit or Charge against you?	Yes	☐	No	☐
Are you currently in Mental Health or Alcohol/Drug treatment?	Yes	☐	No	☐
Are you seeking services for Child Custody or Family Reunification?	Yes	☐	No	☐

If any of the above are "Yes", please indicate where
Explain why you are here and the help you would like?
Describe Alcohol and Drug Use(Problems)

Date of last documented contact?	
Clinician assigned	
Physician assigned	

Services Desired							
Meds	☐	Help w/Benefits	☐	Counseling	☐	Drug/Alcohol	☐
Case Management	☐	Other (specify)	☐				

Who referred you?							
Self	☐	Probation	☐	APS	☐	Parent/Guardian/Cnsrv/Fam	☐
Parole	☐	Court	☐	AB 2034	☐	School	☐
CFS	☐	CalWORKs	☐	Other	☐		

Program Closure Date		Program Closure Reason	

Closure w/Meds?	Yes	☐	No	☐	Transfer Care to	TX	☐	No TX	☐

Clinic Client Transferred to		Referred to	

Prognosis	Excellent	☐	Good	☐	Favorable	☐	Guarded	☐	Poor	☐