REQUEST FOR MENTAL HEALTH CONSULTATION (USFK REG 40-216							DATE:		
For personnel in	the Eighth U	one copy and send to a S Army Stockade, send will assist us in promp	d to Mental Health (Clinic, 1	facility. 21st Evac H	losp.			
NAME (Last, First, MI)	GRADE	SSN	PMOS/DMOS	GT SC	OPE	ETS	DEROS		
ORGANIZATION (With APO AP)		UNIT PHONE	TIME IN UNIT		TIME IN KO	OREA	TIME IN ARMY		
1. REASON FOR REFERRAL: Evaluation required for adminis Commander desires advice in I Individual requests assistance. Other (Specify; e.g., pre-trial of the company o	handling prob	ecurity clearance, etc.)							
2. The following punishments have be	en given or a	re pending:							
Date Type (Art	15 or CM)	Desci	ribe Offense			Punishme	ent		

3. This service member has had the following company jobs:	
List jobs with duties	Now do you rate service members performance?
Rehabilitative measures attempted (including transfers):	
4. Renabilitative measures attempted (including transfers):	
5. Brief description of individual's behavior pattern, style of rel	lating to others, and assessment of assets and liabilities.
6. This service member has been interviewed by his/her CO ar	nd explanation has been made as to the reason for this consultation.
YES	NO NO
TYPED NAME AND GRADE OF COMMANDING OFFICER	SIGNATURE