

Treatment Team's AOT Status Report to Psychiatrist



Name:

Probate Case Number:

CMH Case Number:

Case Manager/Treatment Provider:

Reason for submission of AOT Status Report request:

- For initial AOT assessment - please include hearing date if already scheduled:
- Requesting an assessment for a deferral to be changed to an order
- For an AOT extension - please include due date to probate:
- For an AOT discharge
- For a six-month review - please include due date to probate:
- Something else, please specify:

Current mental status (current symptoms/behaviors, insight into mental illness, presenting concerns, etc.):

Compliant with all ordered services? Yes No, specify:

Listing of significant disruptions since last court order:

Hospitalizations:

Address changes:

Change in treatment provider:

Arrests/jail/legal issues:

Substance use:

Other notices of important concern:

Treatment Team's AOT Status Report to Psychiatrist (cont.)



Summary of contacts with treatment providers/other supports since last court order:

Any missed or late injections or appointments during AOT? Before AOT?

Lifetime history of harm to self or others (month/year and what happened):

Individual's ability to care for self (with/without AOT in place):

Can they perform their ADLs? Yes No, specify:

Can they take medications as prescribed? Yes No, specify:

Do they have the capacity to maintain their residence? Yes No, specify:

Any other comments by the treatment team regarding the AOT?

Any additional information to support an AOT or discontinue the AOT?