

**SAMPLE COMMANDING OFFICER REQUEST FOR ROUTINE (NON-EMERGENCY)  
MENTAL HEALTH EVALUATION**

Date:

MEMORANDUM FOR COMMANDING OFFICER (Name of Medical Treatment Facility (MTF) or Clinic)

FROM: COMMANDING OFFICER, (Name of Command)

SUBJECT: Command Referral for Mental Health Evaluation of (Service Member Rank, Name, Branch of Service and SSN)

1. References:

a. DoD Directive 6490.1, "Mental Health Evaluations of Members of the Armed Forces," October 1, 1997.

b. DoD Instruction 6490.4, "Requirements for Mental Health Evaluations of Members of the Armed Forces," August 28, 1997.

c. Section 546 of Public Law 102-484, "National Defense Authorization Act for Fiscal Year 1993," October 1992

(d) DoD Directive 7050.6, "Military Whistleblower Protection," August 12, 1995.

2. In accordance with references (a) through (d), I hereby request a formal mental health evaluation of (rank and name of Service member).

3. Name and rank of Service member) has (years) and (months) active duty service and has been assigned to my command since (date). Armed Services Vocational Aptitude Battery (ASVAB) scores upon enlistment were: (list scores). Past average performance marks have ranged from \_\_\_\_\_ to \_\_\_\_\_ (give numerical scores). Legal action is/is not currently pending against the Service member. (If charges are pending, list dates and UCMJ articles). Past legal actions include: (List dates, charges, non judicial punishments (NJPs) and/or findings of Courts Martial.)

4. I have forwarded to the Service member a memorandum that advises (rank and name of Service member) of his (or her) rights. This memorandum also states the reasons for this referral, the name of the mental health care provider(s) with whom I consulted, and the names and telephone numbers of judge advocates, DoD attorneys and/or Inspectors General who may

advise and assist him (or her). A copy of this memorandum is attached for your review.

5. (Service member's rank and name) has been scheduled for evaluation by (name and rank of metal healthcare provider) at (name of MTF or clinic) on (date) at (time).

6. Should you wish additional information, you may contact (name and rank of the designated point of contact) at (telephone number).

7. Please provide a summary of your findings and recommendations to me as soon as they are available.

(Signature)

Rank and Name of Commanding Officer

Attachment:

As stated

