APD CIT Case Sheet

Today's Date_____

Date of Creation _____

Name					
DOB		**SSN**		**OLN**	
Sex	**Height**	**Weight**	**Hair**	**Eye**	**Race**
Address					
Home Phone			**Cell Phone**		
Alt. Phone			**E-mail**		
Referred to CIT by					

Reason ✓ **All that apply**

□ **Mental Illness** [□ **Known** □ **Suspected**] □ **Substance Abuse** □ **Neglect** □ **DTS**

□ **Suicide Threat** □ **Suicide Attempt** □ **Weapon Involved** □ **Weapon Implied** □ **DTO**

□ **Repeat CFS** □ **Violence** □ **Crime** □ **Other**

Diagnoses

Source of Diagnosis: □ **Consumer** □ **Family** □ **Neighbors** □ **Clinical**

Medications

Source: □ **Consumer** □ **Family** □ **Clinical**

Doctor/Guardian/Treatment

Family Contact Information

Back Ground □ **Reports** □ **Warrants** □ **PI** □ **Booking** □ **CFS**

□ **Linx** □ **MVD** □ **Metro** □ **District**

Hazards □ **Radio** □ **Home** □ **Safety Bulletin** □ **Guardian**