Arizona Superior Court • Mental Health Court • Division 20
Behavioral Health Provider Tracking Form

Provider: **[_] La Frontera** **[_] CODAC** **[_] COPE**

Please complete this section for all clients:

Name: **[ ]** Date of Birth: [__/__/__]
Case Manager: [ ] Last appointment: [__/__/__]
Psychiatrist: [ ] Last appointment: [__/__/__]
Date enrolled: [ ]
Form completed by: [ ] on date: [__/__/__]

Diagnosis: [ ]
Current Medications: [ ]
Meds provided by: [_] BHP [_] Jail [_] SAMHC [_] Other Med Box: [_] Yes [_] No
Med Compliant?: [_]Yes [_] No [_] Partial [_] N/A
Title 36? [_]Yes [_] No Date: Reason:
Comments regarding medications:
[ ]

Treatment Plan: [_] Yes [_] No Treatment Plan Compliance: [_] Full [_] Partial [_] None [_] N/A
Describe or attach current treatment plan:
[ ]

If partial or no treatment compliance, list areas of non-compliance:
[ ]

List groups or additional therapy: [ ]

Please complete ONLY for Sentencings or Dispositions:

Compliance before sentencing/dispo: [_] Full [_] Partial [_] None [_] Unknown [Reason:]
Additional Information:
[ ]

BHP position/input on defendant's sentencing/disposition:
[ ]

Please complete ONLY for Compliance Hearings:

Number of Appointments:
Case Mgr. # scheduled: [__] Number missed: [__] Rescheduled?: [_] Yes [_] No Next appt.: [__/__/__]
Doctor/RN # scheduled: [__] Number missed: [__] Rescheduled?: [_] Yes [_] No Next appt.: [__/__/__]
Comments:
[ ]

Number of walk-ins: [ ] Number of crisis calls: [ ]
Current Housing Status: [ ]
Current Employment Status: [ ] Payee? [_] Benefits? [_]

General Compliance: [_] Full [_] Partial [_] None [_] Unknown [Reason: ____]
Certificate?: [_] Yes [_] No [_] No position
Additional Information/Provider Input:
[ ]

Forms must be submitted to the Mental Health Administrative Assistant and the Division 20 JAA NO LATER THAN 24 hours before the client's hearing. Please fax forms to (520) 740-8566 or e-mail forms to paverett@sc.pima.gov, cfleck@sc.pima.gov, and nwarner@sc.pima.gov. Please contact Dr. Glenn Matchett-Morris at (520) 740-3819 or your Criminal Justice Liaison with any comments, concerns, or questions. This form is HIPPA compliant.