

Involuntary Commitment Withdrawal Management Readmission Form

Please securely email this form to Behavioral Health Administration (BHA) upon admission of any individual currently under Involuntary Commitment (IC) proceedings:

CDHS_BHA_IC@STATE.CO.US

Date: _____ Withdrawal Management: _____

Name of IC Client: _____

Date of Readmission: _____

BAL at the time of Readmission: _____

Positive for drugs (other than alcohol): _____

Referral Source: _____

Below, please provide any other relevant information that you think may be helpful in determining a disposition for this individual:

Name of staff completing this form: _____

Contact Phone Number: _____