



# **Enclosure 43**

\* Auth (Verified) \*

REQUEST FOR MENTAL HEALTH EVALUATION (Unit Referral of Active Duty Soldier)						
TO: Service Member Behavioral Health Womack Army Medical Center Ft. Bragg, NC 28310			<input type="checkbox"/> WHSC <input type="checkbox"/> West Bragg EBH <input type="checkbox"/> Smoke Bomb Hill EBH		<input type="checkbox"/> East Bragg EBH <input type="checkbox"/> Robinson EBH <input type="checkbox"/> 3rd Group EBH	
Commander CPT David Korista			Unit HHC, 5258 <sup>th</sup> SB			
Commander's Phone Number 315 486 9235			Unit Phone Number 910 432 4194			
Last Name Forbes	First Name Michael	MI J	Rank SFC	DOB (DD/MM/YYYY) 12 APR 1968	SSN	
Marital Status M	Medical Profile <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	GT Score	MOS 3SF	Current Job BDE 52 NCOIC		
Clearance <input type="checkbox"/> None <input type="checkbox"/> Secret <input checked="" type="checkbox"/> Top Secret		Flight Status <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Personnel Reliability Program (PGM) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Time in Unit 2 YEARS MONTHS			Time in Service YEARS MONTHS			
1. PURPOSE OF REFERRAL: (Check One)						
<input type="checkbox"/> Personnel Separations Under AR 635-200/100 Chapter _____ Para _____			DoDI 6490.4 Applies to the following			
<input type="checkbox"/> Pretrial Evaluation <input type="checkbox"/> Security Clearance (IAW AR 380-67) <input type="checkbox"/> Consistent Objector <input type="checkbox"/> Drill SGT or Recruiter Duty			<input checked="" type="checkbox"/> Emergency Evaluation (Safety to self/others) <input type="checkbox"/> Command request <input type="checkbox"/> Evaluations/Consultation RE: _____ <input type="checkbox"/> Others: _____			
2. From a Commander's viewpoint, what problems are you seeing and what information do you need? SM exhibits increasing rates of paranoia and erratic behavior, both of which are negatively impacting the Brigade's mission.						
3. Military Performance						
a. Past:		<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Marginal	<input checked="" type="checkbox"/> Poor	
b. Present:		<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Marginal	<input checked="" type="checkbox"/> Poor	
4. The following positive traits have been observed: (Check all that apply)						
<input type="checkbox"/> Physically Healthy		<input type="checkbox"/> Helps Others		<input checked="" type="checkbox"/> Able to Express Self		
<input type="checkbox"/> Desirable Attitude		<input type="checkbox"/> Dependable		<input type="checkbox"/> Willing to correct self		
<input type="checkbox"/> Shows Initiative		<input type="checkbox"/> Intelligent		<input type="checkbox"/> Other: _____		
5. The following concerns have been observed: (Check all that apply)						
<input type="checkbox"/> Chronic Complaining		<input type="checkbox"/> Excessive Indebtedness		Forbes, Michael Jeffrey		
<input checked="" type="checkbox"/> Frequent Fights		<input checked="" type="checkbox"/> Cheating and/or Lying		DOB: 04/12/1968 Male / 54 Ye		
<input checked="" type="checkbox"/> Refusing Effort		<input type="checkbox"/> Marital/Family Problems		DOS: 01/18/2023		
<input type="checkbox"/> Excessive Alcohol Use		<input checked="" type="checkbox"/> Difficulty with Authority		DoD ID: 1295918507		
<input type="checkbox"/> Illicit Drug Use		<input checked="" type="checkbox"/> Isolative		FIN: 50073916		
<input type="checkbox"/> Encourages Insubordination		<input checked="" type="checkbox"/> Other: Theory				
<input type="checkbox"/> Desire for Discharge						

FB FORM 1462-E, September 2014

Previous edition is obsolete.

v. 2.2

\* Auth (Verified) \*

6. The following evidence of emotional/adjustment difficulty has come to command attention: (Check those applicable and describe in Block 11)

<input type="checkbox"/> "Homesickness"	<input type="checkbox"/> Problems with Concentration	<input type="checkbox"/> Insomnia
<input checked="" type="checkbox"/> Nervousness	<input checked="" type="checkbox"/> Extreme Mood Swings	<input type="checkbox"/> Withdrawal
<input checked="" type="checkbox"/> Abnormal Sexual Behavior	<input checked="" type="checkbox"/> Shyness/Timid	<input checked="" type="checkbox"/> Poor Hygiene
<input type="checkbox"/> Blackouts	<input checked="" type="checkbox"/> Unusual Behavior	<input type="checkbox"/> Sleepwalking
<input checked="" type="checkbox"/> Feelings of Persecution	<input type="checkbox"/> Excessive Fatigue	<input type="checkbox"/> Other: _____
<input checked="" type="checkbox"/> Excessive Aggression	<input type="checkbox"/> Cries Excessively	
<input type="checkbox"/> Depression (Blues)	<input checked="" type="checkbox"/> Constant Worrying	
<input checked="" type="checkbox"/> Fearfulness	<input checked="" type="checkbox"/> Strange Ideas	
<input checked="" type="checkbox"/> Unusual Irritability	<input type="checkbox"/> Carelessness	

7. Disciplinary Actions (ie. Negative counseling statements, Article 15s, or Court Martial):

TYPE	DATE	CHARGES	DISPOSITION
15-G Inv	12 JAN 23	Counter-productive leadership	on-going

8. Measures already taken to assist the individual in rehabilitation:

a. Counseling By:

<input checked="" type="checkbox"/> CO	<input type="checkbox"/> Chaplain	<input type="checkbox"/> ADAPCP	<input type="checkbox"/> Other: Forbes, Michael Jeffrey DOB: 04/12/1968 Male / 54 Yr DOS: 01/18/2023 DoD ID: 1295918507 FIN: 60073916
<input type="checkbox"/> 1SG	<input type="checkbox"/> JAG	<input type="checkbox"/> Family Advocacy	
<input type="checkbox"/> Plt Ldr/OIC	<input type="checkbox"/> Red Cross	<input type="checkbox"/> ACS	
<input type="checkbox"/> Plt SGT/NOIC	<input type="checkbox"/> ACAP	<input type="checkbox"/> AER	

b. Administrative Actions:

<input type="checkbox"/> Rehabilitative Transfer	<input type="checkbox"/> Leave or Pass
<input type="checkbox"/> Duty Change	

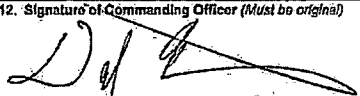
9. a. Have you personally counseled this Soldier?  Yes  No  
 b. Have reasons for referral to behavioral health been discussed with the Soldier?  Yes  No  
 c. Soldier wants to be separated from the service.  Yes  No  
 d. Is it your opinion that the Soldier is suitable for retention in the service.  Yes  No

10. Your future plans for dealing with this soldier are:  
 - Making sure the Soldier receives adequate care for his paranoia and erratic behavior.  
 - Remove him from USA SOC / levels of responsibility

11. Add any remarks that would be helpful in assisting you.

NOTE: By signing this form below, you acknowledge that are aware of and abiding by the requirements stipulated in DODI 6490.4 and DODI 6490.8.

12. Signature of Commanding Officer (Must be original) Printed/Typed Name, Rank, and Title Date

	David K. Korsta CPT, CM Commander	18 JAN 23
---	---	-----------