



Medical Professional Referral for AWARE

Patient Name: _____

Patient Date of Birth: _____

I, the undersigned, am a Medical or Behavioral Health provider providing care to this patient. Due to the patient's medical or behavioral health condition, I believe it would be beneficial to him/her to be a part of the "AWARE" window sticker program and I make my recommendation that he/she be provided the sticker.

Qualifying providers include: Physician, Psychologist, Nurse Practitioner, Physician Assistant, Licensed Clinical Social Worker, Licensed Mental Health Counselor, Social Worker, Licensed Marriage and Family Therapist, Licensed Clinical Addiction Counselor

Medical/Behavioral Health Care Provider (Print)

Medical/Behavioral Health Care Provider (Signature)

Date

The following are examples of some medical/behavioral health conditions which would be considered highly likely to benefit from the program. This list is not all-inclusive. The provider may consider other conditions/diagnoses in which patients may benefit.

- Seizures
- Bipolar Disorder
- Dementia
- Intellectual/Developmental Disability
- Diabetes with high risk of hypoglycemia
- Autism
- Down Syndrome
- Post-Traumatic Stress Disorder
- Schizophrenia
- Post-Traumatic Brain Injury with Sequela

Please submit the signed referral to your local law enforcement agency that supports the AWARE program in your community.