



REQUEST FOR MENTAL HEALTH ASSESSMENT

INDIVIDUAL'S NAME (Last, First):	DOC NUMBER:	FACILITY:
----------------------------------	-------------	-----------

PART 1 – REQUEST FOR MENTAL HEALTH ASSESSMENT

Reason for requesting assessment (observations, offender statements, offender behavior):		
REQUESTING EMPLOYEE/CONTRACT STAFF	TITLE	DATE

PART 2 – MENTAL HEALTH FINDINGS (If received from Custody, enter a Comment chrono documenting that there was a response to this request)

Date Seen:		
<p>Disposition</p> <p>Mental Health Appraisal or Mental Health Update needed: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> If yes: <input type="checkbox"/> Urgent – within 24 hours <input type="checkbox"/> Routine – Priority(1-3):</p> <p>Treatment Needs (check all that apply)</p> <p><input type="checkbox"/> Referral to primary therapist for follow-up</p> <p><input type="checkbox"/> Referral to psychiatric prescriber for follow-up</p> <p><input type="checkbox"/> Referral to supervising psychologist, _____, for possible assignment for crisis/solution therapy</p> <p><input type="checkbox"/> Referral to IMU MH, _____, for possible Behavior Management Plan</p> <p><input type="checkbox"/> Other treatment needs: _____</p> <p><input type="checkbox"/> No mental health treatment needs at this time</p> <p>Housing Considerations (check all that apply)</p> <p><input type="checkbox"/> No alternate housing needs at this time</p> <p><input type="checkbox"/> Emergent move to COA</p> <p><input type="checkbox"/> Urgent transfer to another facility for MH reasons indicated</p> <p><input type="checkbox"/> Urgent referral to Residential Treatment Unit indicated</p> <p><input type="checkbox"/> Routine referral to Residential Treatment Unit indicated</p> <p><input type="checkbox"/> Other housing considerations:</p> <p>Housing Unit Supervisor alert needed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> If yes: <input type="checkbox"/> Potential victim (enter into OMNI-HS) <input type="checkbox"/> Potential predator (enter into OMNI-HS)</p> <p> Notified _____ to make appropriate cell assignment.</p>		
ASSESSING MENTAL HEALTH PROVIDER SIGNATURE AND STAMP	TITLE	DATE