

**OKLAHOMA DEPARTMENT OF CORRECTIONS
MEDICAL SERVICES
MEDICAL PAROLE EVALUATION**

THE FOLLOWING SECTION WILL BE COMPLETED BY FACILITY MEDICAL STAFF:

INMATE NAME _____ **DOC NUMBER** _____
DATE OF BIRTH _____ **AGE** _____ **GENDER** _____
FACILITY _____ **DATE OF RECEPTION** _____

Append copy of:

“Oklahoma Department of Corrections Authorization For Release of Protected Health Information” Form
Insert: *“Medical Parole/Commutation Clinical Recommendation” from E.H.R.*
“Medical Parole/Commutation Discharge Residence and Medical Resources” from E.H.R.

THE FOLLOWING SECTION WILL BE COMPLETED BY THE CHIEF MEDICAL OFFICER

Recommend **Do Not Recommend** **this inmate for consideration for a medical parole.**

Signature of Chief Medical Officer **Date**

If recommended, scan form and attachment(s) to the Administrator of Sentence Administration and Offender Records

THE FOLLOWING SECTION WILL BE COMPLETED BY SENTENCE ADMINISTRATION STAFF:

Append copy of:
Recent NCIC
Consolidated Record Card

Current Controlling Case(s):

Consecutive Case(s)

Sentenced to Life without Parole or Death? YES NO

Based upon the review of the inmate's current cases, is the inmate eligible for medical parole as outlined in OP-060205 "Parole Process Procedures" YES NO

If no, reason for ineligibility _____

If yes, continue with below information:

Warrants? YES NO

Detainers? YES NO

List any warrants and/or detainers and indicate the disposition of each:

Prior Criminal History:

Summary of Inmate's Disciplinary Record:

LSI-R Risk Score (if available):

_____ 0 – 18, Low Risk of Reoffending _____ 19 – 28, Moderate Risk for Reoffending _____ 29 – 54, High Risk for Reoffending

Assessed/Completed Case Plan Needs:

Additional Information:

**Signature of Administrator, Sentence Administration
and Offender Records/Designee**

Date

If Eligible: Forward to Chief Medical Officer, Parole Process Unit and Facility Head

If Ineligible: Forward to Chief Medical Officer

THE FOLLOWING SECTION WILL BE COMPLETED BY THE FACILITY HEAD

Concur with recommendation for Medical Parole Consideration?: Yes No

If no, describe how the inmate poses an unreasonable threat to public safety:

Signature of Facility Head/Designee

Date

Forward to the appropriate Division Manager

THE FOLLOWING SECTION WILL BE COMPLETED BY THE DIVISION MANAGER

Concur with facility head recommendation for Medical Parole Consideration?: Yes No

If no, reason(s) for disagreement:

Signature of Division Manager

Date

Forward to the Chief Medical Officer

THE FOLLOWING SECTION WILL BE COMPLETED BY THE DIRECTOR

Concur with recommendation for Medical Parole Consideration?: Yes No

Signature of Director

Date