

OKLAHOMA DEPARTMENT OF CORRECTIONS

Mental Health Contraindications to Treatment

| Contraindication | Yes | No |
|---|-----|----|
| Confirmed recent drug or alcohol use during incarceration. (See DOC 14-137.6 A "Case Manager Review/Medical Treatment Evaluation") | | |
| Refusal of a required substance abuse program | | |
| History of substance induced psychosis within the last 2 years | | |
| History of multiple suicide attempts with the last 2 years | | |
| Dementia | | |
| Other contraindications (specify) or inability to comply with treatment | | |

If absolute medication contraindications exist, conservative therapy should be offered (See Attachment B – Conservative Therapy). Enroll offender in Liver Disease chronic clinic.

Provider's Signature _____ Date _____

Offenders Signature _____ DOC # _____ Date _____