

OKLAHOMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH TRANSFER REQUEST

Date: _____ Time: _____

Requesting Facility: _____ Requesting QMHP: _____

Inmate Name: _____ DOC #: _____

Security Level: Halfway House Work Center Community Minimum Medium Maximum

Current Activity/Housing Summary completed: Yes No (IHAP must accompany all "Mental Health Transfers Request")

MH Level: MH _____

Primary Diagnosis: _____

Severity Classification: Mild Moderate Severe

Secondary Diagnosis: _____

Severity Classification: Mild Moderate Severe

Clinical Justification for Transfer: _____

Requires Lower Bunk: Yes No Requires Lower Rung/Level: Yes No

Emergency transfer: Yes No If "Yes" state reason: _____

Can inmate be transported by Central Transport Unit: Yes No **Note:** If inmate is wheelchair bound he can not be transported by CTU

* **Mental Health Transfer Request" is to be completed in the offenders EHR. Assign the transfer request to the Chief Mental Health Officer and/or Deputy Chief Mental Health Officer. Send a corresponding email to the Chief Mental Health Officer and/or Deputy Chief Mental Health Officer that a "Mental Health Transfer Request" has been submitted.**

Fax the completed "Mental Health Transfer Request" to 405-962-6102 and send a corresponding email notifying the Chief Mental Health Officer and/or Deputy Chief Mental Health Officer, that a transfer request has been faxed.

* If medical move has not occurred within two weeks contact the Mental Health Division at **405-962-6156 or 405-962-6137.**

To be filled out by Mental Health Services Central Office:

Received by: _____ Date: _____

Mental Health transfer approved: Yes No If "No" state reason: _____

Comments: _____

Facility transferred to: _____ Date faxed to receiving provider: _____