

OKLAHOMA DEPARTMENT OF CORRECTIONS
Evaluation Summary

Evaluated at: ___ OSP ___ JHCC ___ MBCC

For: ___ MHU ___ ICHU ___ HP

Referring QMHP/Facility: _____

Inmate Name: _____ DOC#: _____ DOB: _____

Current Mental Health Service Level Classification: (Please circle.)

B C1 C2 D

Returning to: _____ Number of days in observation/evaluation: _____

Behavior Observed During Observation/Evaluation Period: _____

Intervention and Assistance Provided During Observation/Evaluation Period: _____

Clinical Assessment: _____

DSM Diagnoses: _____

Inmate Was Involuntarily Medicated During Observation/Evaluation Period: Yes No

If yes, circle one: Emergency Non-Emergency Both

Reason(s) for not admitting inmate to MHU/ICHU/HP:

Recommendations for management or treatment:

Evaluated By: _____ Date: _____

(QMHP)