

OKLAHOMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH UNIT INTAKE

SUBJECTIVE DATA:

1. **Presenting Problem:** _____

2. **Problems:** (check all that apply)

Depression Anger Anxiety Psychosis Other: _____

3. **Personal History:** (check all that apply)

Family Comment: _____

Interpersonal Comment: _____

Substance Abuse Comment: _____

Psychiatric (including bipolar) Comment: _____

Medical Comment: _____

Other Comment: _____

PREA INFORMATION:

1. **Have you engaged in consensual sex while in prison?**

Yes No If "Yes" Comment: _____

2. **Has an offender approaches you for sex?**

Yes No If "Yes" Comment: _____

3. **Have you approached an offender for sex?**

Yes No If "Yes" Comment: _____

4. **Any history of victimization / perpetration at another facility?**

Yes No If "Yes" Comment: _____

5. **Potential to be a perpetrator?**

Yes No If "Yes" Comment: _____

6. **Susceptibility to being victimized?**

Yes No If "Yes" Comment: _____

SEXUAL HISTORY:

1. **Any sexual dysfunction diagnosis?**

Yes No If "Yes" Comment: _____

2. **History of perpetration prior to prison?**

Yes No If "Yes" Comment: _____

3. **History of victimization prior to prison?**

Yes No If "Yes" Comment: _____

4. **Does this offender act in a predatory, controlling, intimidating manner?**

Yes No If "Yes" Comment: _____

5. **Does this offender act in a manner which would make him vulnerable?**

Yes No If "Yes" Comment: _____

6. **Is this offender a sex offender?**

Yes No If "Yes" Comment: _____

QMHP _____ DATE: _____

Offender Name: _____ DOC #: _____

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RISK MANAGEMENT INTERVIEW

1. Reason for referral: _____

2. Interview data: _____

3. Personal History: (check all that apply)
 High Risk Disorder Comment: _____
 Substance Abuse Comment: _____
 Co-Morbidity Comment: _____
 Influence of the Disorder Comment: _____
Additional information: _____

4. Suicidal History:
 Yes No If "Yes" number of attempts: _____ When: _____

Consequences-lessons (ends vs means) _____

Additional information: _____

5. Emotional Dysregulation: (check all that apply)
 Typically reactive and aggressive acting out Comment: _____
 Reflexive anger to emotional threat Comment: _____
 Easily provoked (anger attacks) Comment: _____
 Other Comment: _____
Additional information: _____

6. Family History:
 None
 Psychiatric hospitalization
Diagnosis: _____
Who: _____
When: _____
Relationship - impact: _____
Additional information: _____

7. Environmental Stressors: (check all that apply)
 None
 Immediate external stressors Comment: _____
 Meaningful loss Comment: _____

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Internal stressors (depression-psychic pain) Comment: _____

Additional information: _____

8. Environmental Support: (protective factors):

None

Family-friends Comment: _____

System-organizations Comment: _____

Institutions –agencies Comment: _____

Available-reliable Comment: _____

Additional information: _____

9. Intent to Die: (check all that apply)

None

Motivation (ends vs means) Comment: _____

Bring about death Comment: _____

Obtain secondary gain Comment: _____

Additional information: _____

10. Knowledge of Means: (check all that apply)

First hand (seeking information) Comment: _____

Second hand (training/occupation) Comment: _____

Additional information: _____

11. Access to Means:

None

Availability of means Comment: _____

Efforts to acquire means Comment: _____

Additional information: _____

12. Plan or Method: (check all that apply)

None

Choices vs access to means Comment: _____

Organized Comment: _____

Avoid discover-limit intervention Comment: _____

Lessons learned Comment: _____

Additional information: _____

13. Current Psychiatric Disorder: (check all that apply)

Observed symptoms Comment: _____

Current disorder Comment: _____

Additional information: _____

14. Suicidal Ideation/Verbal Content: (check all that apply)

Direct verbal statements/threats Comment: _____

QMHP _____ DATE: _____

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- Indirect statements (psychic pain) Comment: _____
 - Specificity of suicidal thinking (emotional control) Comment: _____
- Additional information: _____

15. **Cognitive Style:** (check all that apply)

- Dysfunctional assumptions and attitudes Comment: _____
 - Perfectionism Comment: _____
 - Poor self-image Comment: _____
 - Dichotomous Comment: _____
 - Rigid thinking Comment: _____
 - Poor problem solving (ineffective strategies) Comment: _____
 - Depressionogenic thinking Comment: _____
 - Poor future expectations Comment: _____
 - Hopelessness Comment: _____
- Additional information: _____

16. **Psychological Factors:**

- Low risk Moderate risk High risk
- Additional information: _____

17. **Recommendations:** (check all that apply)

- Therapeutic seclusion Suicide watch/Precautions Hospitalization Recurrent evaluation
 - Increased visits Refer for evaluation Periodic follow-up Peer consultation
 - Other _____
- Additional information: _____

OBJECTIVE DATA

1. **Appearance:** _____
2. **Hygiene:** _____
3. **Movement:** _____
4. **Consciousness:** _____
5. **Approach:** _____
6. **Eye contact:** _____
7. **Speech:** _____
8. **Articulation:** _____
9. **Expression:** _____
10. **Short term memory:** _____
11. **Long term memory:** _____
12. **Thought content:** _____
13. **Orientation:** _____
14. **Concentration:** _____
15. **Insight:** _____

QMHP _____ DATE: _____

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16. Affect: _____

17. Mood: _____

18. IQ Estimate:

- Above average
- Average
- Low average
- Borderline
- Below average

Additional information: _____

ASSESSMENT

1. Problems: (list) _____

2. DSM Diagnosis: _____

QMHP _____ DATE: _____

Offender Name: _____ DOC #: _____