

**GEORGIA DEPARTMENT OF CORRECTIONS**

Institution: \_\_\_\_\_

**MENTAL HEALTH SERVICES**

Name: \_\_\_\_\_

**"Restrictive Housing Rounds"**

ID#: \_\_\_\_\_

**30 / 90 Day Progress Note**

DOB: \_\_\_\_\_

(circle)

Date: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_

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**DATA:** Date offender was placed in Restrictive Housing: \_\_\_\_\_

Reason for Restrictive Housing Placement: \_\_\_\_\_

Chief Complaint(s): \_\_\_\_\_

Offender MSE findings: (comment on pertinent findings)

Psychosis: \_\_\_\_\_

Depression: \_\_\_\_\_

Self-Injurious Thoughts: \_\_\_\_\_

Suicidal Intent: \_\_\_\_\_

Aggression: \_\_\_\_\_

Situational Upset: \_\_\_\_\_

MSE within normal range (no problems)

**ASSESSMENT:** Are there any contra-indications to Restrictive Housing?  Yes  No

Comments: \_\_\_\_\_

**PLAN:** As long as the offender remains in Restrictive Housing will monitor for contra-indications to housing assignment and the need for mental health services.

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\_\_\_\_\_  
Staff Signature/Title

**This is to be done:**

- ✓ **On general population offenders in Restrictive Housing 30 days or longer. (Initial 1st 30 days of confinement and every 90 days thereafter).**