GEORGIA DEPARTMENT OF CORRECTIONS – MENTAL HEALTH SERVICES RECORD OF INDIVIDUAL CLINICAL CASE CONSULTATION

Institution:	Date of Session:
Staff Member:	Consultant:
Start Time of Session:	End Time of Session:

Offenders/Cases Discussed:

Name	ID#	Name	ID#

Clinical Issues/Concerns:		

Clinical Consultant Signature

Date

Form no. M15-01-03

Retention Schedule: Upon completion, this form will be maintained by the mental health unit manager and/or consultant until obsolete or replaced.