

**GEORGIA DEPARTMENT OF CORRECTIONS – MENTAL HEALTH
SERVICES RECORD OF CLINICAL GROUP CASE CONFERENCE**

Institution: _____ Date of Session: _____

Consultant: _____

Start Time of Session: _____ End Time of Session: _____

Staff Members Attending (attach additional sheets for signatures if needed):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Offenders/Cases Discussed:

Name	ID#	Name	ID#

Clinical Issues/Concerns: _____

Clinical Consultant Signature

Date