Certificate of Mental Condition
Date:
I have examined:
Offender: GDC I.D. No.:
and find the above named to be
I (Do) (Do Not) Recommend Admission of this Offender to an Inpatient Prison Psychiatric Facility for Treatment.
The reason(s) I have for this decision is (are) as follows:
-
Name/Title Facility

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Retention Schedule: Completed forms shall be given to the Psychiatric Hospital (original), a copy placed in the offender's mental health file (section 5) and medical file (section 5). At the end of the offender's need for mental health services and/or sentence, the mental health file will be placed within the offender's health record and retained for 10 years.