

GEORGIA DEPARTMENT OF CORRECTIONS

Facility: _____

Name: _____

PSYCHOLOGY/PSYCHIATRY

ID#: _____

TRANSFER EVALUATION ☐ Onsite ☐ Tele-MH Race: _____ Sex: _____

This inmate transferred from _____ on _____ as a MH Level (circle one) II III IV

Diagnosis: Offender Records indicate the Principal Diagnosis is: _____

Additional Diagnoses are: _____

MH Medications: (Circle one) No Medications Involuntary Medications Voluntary Medications (list below)

Current MH Medications: _____

Medical: Significant Physical Health Diagnoses (Circle one) No Yes (If yes, please list clinically significant below)

Self-Injurious Behavior History (Circle one) No Yes (If yes, please list clinically significant below)

Summary of Mental Health History (pre- and post- incarceration): _____

Current Mental Health Status: _____

Target Symptoms and Ratings (0-5): 1. _____ (); 2. _____ (); 3. _____ ()

Diagnosis (es) Change: ☐ No (Sign/Date Diagnosis List) ☐ Yes (Complete New Diagnosis List, explain below & update Problem List)

Explanation: _____

Plan: _____

Return to Clinic: _____

Signature & Title

Print Name

Today's Date