

Georgia Department of Corrections
Initial Psychiatric/Psychological Evaluation
(circle)

Facility: _____
Name: _____
GDC #: _____
DOB: _____
Race: _____ Sex: _____

Date: _____

Location: ☐ Private Office ☐ Cell Front
 ☐ On-site ☐ Remote (tele-psychiatry/psychology)

Referral Information (including referral source and current medications) and Chief Complaint:

Summary of Relevant MH History (include history of signs/symptoms since childhood, treatment, medications, etc.):

Substance Use History: _____

Substance Use Interventions ☐ No ☐ Yes Specify: _____

Trauma Abuse History: ☐ Yes ☐ No ☐ Sexual ☐ Physical ☐ Psychological
 ☐ Not Clinically Relevant ☐ Clinically Relevant

Biological Family Mental Health History: _____

Violence History:

Toward Others ☐ Yes ☐ No
Gang Involvement: ☐ Yes ☐ No
Use of Weapons ☐ Yes ☐ No

Toward Animals ☐ Yes ☐ No
Fire Setting: ☐ Yes ☐ No
Other: _____

Name: _____ **GDC#:** _____ **Date:** _____

Medical History: _____

Self-Injury History/Risk Factors: _____

Mental Status Exam:

Clinical issues related to gender/transgender identification: _____

Additional justification for diagnosis: _____

Principal Diagnosis: _____

Other Diagnoses in order of focus of attention and treatment: _____

If added to the caseload, Mental Health Diagnosis List and Medical Problem List completed: ☐ Yes

Plan: _____

Recommended Mental Health Level: ☐ I ☐ II ☐ III ☐ IV

Refer to MD/APRN ☐ Yes ☐ No ☐ N/A

Psychologist/Psychiatrist (circle): _____

Signature

Print Last Name

Date

Name: _____ GDC#: _____ Date: _____

To be completed by psychiatrist/CNS if Needed - (for additional history, use & attach supplementary form)

Medical Allergy:

Relevant Medical Conditions (to include intersex status):

Additional History:

☐ I acknowledge diagnoses on page two with these considerations:

Other Plans: _____

Medication Consent ☐ Yes ☐ N/A ° **Labs** ☐ Yes ☐ N/A ° **AIMS** ☐ Yes ☐ NA

Return to Clinic: _____

Psychiatrist Signature

Print Last Name

Date

☐ There are no additional pages of the initial evaluation ---OR---

☐ There are additional pages attached.