

**SPECIALIZED MENTAL HEALTH
TREATMENT UNIT
ADMISSION FORM**

Offender Identification

Facility: _____

Name: _____

GDC ID#: _____ DOB: _____

Race: _____ Sex: _____

Clinical Behavior Justification or Reason for Admission:

**History of Present Clinical Behaviors or Resistance to Customary Treatment Services and
Disciplinary Sanctions:**

**Past Clinical Behaviors History: (Be sure to include a summary of your chart review, disciplinary history, and self-
injuries)**

Mental Status:

**BEHAVIORAL THERAPY UNIT
ADMISSION FORM**

Offender Identification

Facility: _____

Name: _____

ID#: _____ DOB: _____

Race: _____ Sex: _____

Assessment:

Diagnostic Impressions:

Primary: _____

Other: _____

Other: _____

Other: _____

(TO BE COMPLETED WITHIN 24 HOURS OR NEXT BUSINESS DAY)

SMHTU Counselor's Signature

Printed/Typed Name

Date

SMHTU Psychologist's Signature

Printed/Typed Name

Date

Other SMHTU Treatment Team members' signatures: