

GEORGIA DEPARTMENT OF CORRECTIONS

INSTITUTION: _____

MENTAL HEALTH SERVICES

NAME: _____

INITIAL TREATMENT PLAN

GDC ID#: _____

DATE: _____

DOB: _____

SEX: _____

RACE: _____

Clinical Impressions: _____

Precautions: ☐ General Precautions ☐ History of assaultive behavior ☐ History of SIB
 ☐ Other: _____

Level of Impairment: ☐ Level II - GP ☐ Level III - SLU ☐ Level IV - SLU ☐ Level V - (ACU/CSU)

Current Housing: ☐ Diagnostics ☐ General Population
 ☐ Acute Care Unit ☐ Crisis Stabilization Unit
 ☐ Segregation/Isolation ☐ TIER circle: I II III
 ☐ Protective Custody

Problems	Goals	Treatment Strategies
<input type="checkbox"/> Offender arrived on psychotropic medications. <input type="checkbox"/> Offender recently treated for MH symptoms but denied current distress and does not want MH services. <input type="checkbox"/> Offender reported the following symptoms: _____ _____ _____ _____ <input type="checkbox"/> The following functional impairments are reported or observed: _____ _____ _____ _____ <input type="checkbox"/> Other: _____ _____ _____	<input type="checkbox"/> Determine need for MH treatment. <input type="checkbox"/> Reduce/eliminate frequency, duration and severity of distressing symptoms. <input type="checkbox"/> Stable adjustment to incarceration. <input type="checkbox"/> Behavioral improvement in the following areas: _____ _____ _____ _____ <input type="checkbox"/> Other: _____ _____ _____	<input type="checkbox"/> Refer to psychologist for evaluation. <input type="checkbox"/> Refer to psychiatrist/APRN for evaluation/medication follow-up. <input type="checkbox"/> Assigned primary service provider will meet with offender per SOP or as needed, with treatment interventions to include the following: _____ _____ _____ _____ <input type="checkbox"/> Refer to ACU/CSU for stabilization. <input type="checkbox"/> Consider D/C to Level I status in ____ days per SOP. <input type="checkbox"/> Other: _____ _____ _____

Comprehensive Treatment Plan Due Date (based on SOP 508.21): _____

Primary Care Provider Signature/Title

Printed/Typed Name