

Georgia Department of Corrections Mental Health Services Comprehensive Treatment Plan Date: _____	Institution: _____ Name: _____ GDC ID#: _____ DOB: _____ Race: _____ Sex: _____
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Principal Diagnosis: _____

Other Diagnoses: _____

If diagnosis includes Gender Dysphoria, an intervention is required referring offender to medical for determination of need for endocrinology services.

☐ referral to medical is indicated

General medical conditions relevant to mental disorder: _____

History of sexual offending: ☐ Yes ☐ No

History of being a victim of physical/sexual abuse: ☐ Yes ☐ No **If yes, clinically significant?** ☐ Yes ☐ No

Discharge Criteria/Planning: (List criteria that, when met, will allow the offender's discharge from Mental Health)

Precautions: (List any medical, security or management precautions staff needs to take in the treatment/management of this offender)

Utilization Review: <ul style="list-style-type: none">Current Level of Care: <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4Recommended Level of Care: <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4Justification: _____ _____ _____

Signatures :

_____ Offender Signature	_____ GDC ID#	_____ Date	_____ Printed/Typed Name
_____ Primary Service Provider Signature		_____ Date	_____ Printed/Typed Name
_____ Psychologist Signature		_____ Date	_____ Printed/Typed Name
_____ Psychiatrist /APRN Signature		_____ Date	_____ Printed/Typed Name

Problems Goals Intervention Strategies	Name: _____ ID#: _____				
Problem #: _____ Problem Description:					
Goal: <input type="checkbox"/> Maintenance <input type="checkbox"/> Change Goal Description:					
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Start Date:</td> <td style="width: 25%;">Target Date:</td> <td style="width: 25%;">Achieved:</td> <td style="width: 25%;">Changed:</td> </tr> </table>		Start Date:	Target Date:	Achieved:	Changed:
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Intervention Strategy (Include strengths and weaknesses that impact treatment, actions to be taken, frequency of sessions, and persons responsible- include referral to medical if indicated):					

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