

**GEORGIA DEPARTMENT OF CORRECTIONS**

**Facility:** \_\_\_\_\_

**Mental Health Services**

**Offender:** \_\_\_\_\_

**MENTAL HEALTH TRANSFER SUMMARY**

**GDC ID#:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Race:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Principal Diagnosis:** \_\_\_\_\_

**Other:** \_\_\_\_\_

**Other:** \_\_\_\_\_

**Current Mental Status:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Current Medication(s):** \_\_\_\_\_

\_\_\_\_\_

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**Suicide Precautions Status:** (Yes) (No)

**Offender is on Involuntary Medication Status:** (Yes) (No)

**Last Hearing Date:** \_\_\_\_\_ **Next Review Date:** \_\_\_\_\_

**Housing Recommendations:** \_\_\_\_\_

**Current Treatment (Non-Pharmacological):** \_\_\_\_\_

\_\_\_\_\_

**Summary of Progress Made in Treatment at Current Facility:** \_\_\_\_\_

\_\_\_\_\_

**Reason for Transfer:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*MH Staff Signature/Title*

\_\_\_\_\_  
*Date*