GEORGIA DEPARTMENT OF CORRECTIONS Mental Health Services MENTAL HEALTH TRANSFER SUMMARY	Facility: Offender: GDC ID#:			
			DOB:	_
			Race: Sex:	_
	Principal Diagnosis:			
Current Mental Status:				
Current Mental Status.				
Current Medication(s):				
Suicide Precautions Status: (Yes) (No)				
Offender is on Involuntary Medication Status: (Yes) (N	0)			
Last Hearing Date:	Next Review Date:			
Housing Recommendations:				
Current Treatment (Non-Pharmacological):				
Summary of Progress Made in Treatment at Current Facility	<u>ty</u> :			
Reason for Transfer:				
/				

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Retention Schedule: Completed forms will be placed in the offender's mental health record (section 1). At the end of the offender's need for mental health services and/or sentence, the mental health record will be placed in the offender's health record and retained for 10 years.