GEORGIA DEPARTMENT OF CORRECTIONS

Mental Health Diagnosis List

Facility: ___________________________

Name: ___________________________

ID #:___________________________

Date: ________________

Race: ________________ Sex: ________________

DIAGNOSES:

Principal:___________________________

(Principal Diagnosis must also be entered on the Medical Problem List (Medical Record Section 1)

Other: ___________________________

Other: ___________________________

General medical conditions relevant to mental disorder(s) listed above:

- History of substance use or treatment [ ] Yes [ ] No
- History of physical/psychological/sexual abuse relevant [ ] Yes [ ] No [ ] Clinically relevant [ ] Not clinically
- History of sexual offending. [ ] Yes [ ] No
- History of military combat experience [ ] Yes [ ] No [ ] Clinically relevant [ ] Not clinically relevant

CRITERIA FOR THE PRINCIPAL DIAGNOSIS:

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Anticipated Duration of Treatment/Caseload Placement: [ ] <6 months [ ] 6-12 months [ ] >12 months

Level of Care when Diagnosis made: [ ] Level 1 [ ] Level 2 [ ] Level 3 [ ] Level 4 [ ] Level 5

SIGNATURES: Signing affirms your role in the provision of mental health care. Fill out a new Diagnostic List to Change/Add to Diagnosis.

Primary Mental Health Care Provider					Clinical Psychologist		
Signature	Print Last Name	Date	Level	Date	Signature	Print Last Name	Date
					Psychiatrist/APRN		
					Signature	Print Last Name	Date

Keep On Top of Mental Health Record – Section 2

Retention Schedule: Completed forms shall be placed in the offender’s mental health file. At the end of the offender’s need for mental health services and/or sentence, the mental health file shall be placed within the offender’s health record and retained for 10 years.