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GOVERNOR

# State of Alabama Department of Corrections

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JEFFERSON S. DUNN  
COMMISSIONER

February 8, 2016

TO: WARDENS  
DIVISION DIRECTORS  
HEADS OF STATE AGENCIES  
ADMINISTRATIVE REGULATION MONITORS

CHANGE #2  
ADMINISTRATIVE REGULATION 601

## MENTAL HEALTH FORMS AND DISPOSITION

PURPOSE: To change the Office of Primary Responsibility and update responsibilities, procedures, forms and annexes to reflect current practices.

CHANGES TO BE MADE:

**Reference:**

AR 601, *Mental Health Forms and Disposition*, dated March 1, 2006.

**Action Required:**

OPR:

Delete Treatment and replace with Health Services

IV. *Responsibilities, C*

Delete this statement: The contract mental health and medical provider will supply the forms depicted in Annex B, *Medication Administration Record; C, Problem List; E, Physician Orders; and F, Medication Error Report.*

Replace with this statement: The contract mental health and medical provider will supply the forms depicted in Annex B, *Medication Administration Record; C, Health Record - Master Problem List; E, Physician Orders; and F, Medication Error Report.*

V. *Procedures, C*

Delete this statement: Mental health forms shall be filed in the inmate medical record as shown in Annex D, *Inmate Medical Record Format.*

Replace with this statement: Mental health forms shall be filed in the inmate medical record as shown in Annex D, *Health Record Filing Format.*

IX. <i>Performance, B</i>	<p>Delete: National Commission of Correctional Health Care: <i>Standards for Health Services in Prisons 2003 (P-A-09)</i>.</p> <p>Replace with: National Commission of Correctional Health Care: <i>Standards for Health Services in Prisons 2014</i>.</p>
Annex A, <i>Index of Mental Health Forms</i>	<p>Replace Annex A to AR 601, dated March 1, 2006 with updated Annex A to AR 601, dated November 03, 2015.</p> <p>Replace ADOC Form MH-011, <i>Reception Mental Health Screening Evaluation</i>, dated November 14, 2005 with revised ADOC Form MH-011, <i>Reception Mental Health Screening Evaluation – Intake Form 1</i>, dated October 15, 2015.</p> <p>Add ADOC Form MH-013A, <i>Classification Notification Form</i>, Mental Health Code, Revised, dated October, 2015.</p> <p>Replace ADOC Form MH-014, <i>Psychological Evaluation Update</i>, dated November 14, 2005 with revised ADOC Form MH-014, <i>Psychological Evaluation Update</i>, dated November 2015.</p> <p>Replace ADOC Form MH-015, <i>Psychological Evaluation</i>, dated November 14, 2005 with revised ADOC Form MH-015, <i>Psychological Evaluation</i>, dated November 2015.</p> <p>Replace ADOC Form MH-018, <i>Psychiatric Evaluation</i>, dated November 14, 2005 with revised ADOC Form MH-018, <i>Psychological Evaluation</i>, dated November 2015.</p> <p>Add ADOC Form MH-019RA, <i>the Abnormal Involuntary Movement Scale (AIMS)-Modified</i>, Repeated Assessment, dated September 15, 2014.</p> <p>Replace ADOC Form MH-042, <i>Mental Health Watch/Restraint Procedure</i>, dated November 14, 2005 with ADOC Form MH-042, <i>Mental Health Watch/Restraint Procedure Revised</i>, dated November 2014.</p>
Annex C, <i>Problem List</i>	<p>Replace Annex C to AR 601, <i>Problem List</i>, dated March 1, 2006 with Annex C to AR 601, <i>Health Record - Master Problem List Revised</i>, dated May 2015 (SAMPLE).</p>
Annex D, <i>Inmate Medical Record Format</i>	<p>Replace Annex D to AR 601, <i>Inmate Medical Record Format</i>, dated March 1, 2006 with Annex D to AR 601, <i>Health Record Filing Format Revised</i>, dated September 2014.</p>

File this numbered change at the back of the regulation after annotating both the index and the regulation to indicate changes have been completed.

Advise all personnel in your organization of the change to this regulation.



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Jefferson S. Dunn  
Commissioner

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Annex A to AR 601  
Page 3 of 3 – November 03, 2015

Alabama Department of Corrections  
Reception Mental Health Screening Evaluation – Intake Form 1



Institution: \_\_\_\_\_ Date/Time Inmate Received: \_\_\_\_\_

Date/Time of Screening: \_\_\_\_\_ Signature/Title of Screener: \_\_\_\_\_

**MENTAL HEALTH TREATMENT PRIOR TO ENTERING THE ADOC:**

Yes No Psychotropic medication: \_\_\_\_\_

Yes No Medication turned over to ADOC upon arrival? \_\_\_\_\_

Yes No Mental health follow-up in last 90 days: \_\_\_\_\_

Yes No Suicide/self-harm attempts in last 90 days: \_\_\_\_\_

**MENTAL HEALTH HISTORY Does inmate report a history of the following (if yes, provide details):**

Yes No Outpatient treatment: \_\_\_\_\_

Yes No Inpatient treatment: \_\_\_\_\_

Yes No Psychotropic medication: \_\_\_\_\_

Yes No Suicidal attempts: \_\_\_\_\_

Yes No Suicidal thoughts: \_\_\_\_\_

Yes No Head injury: \_\_\_\_\_

Yes No Seizures: \_\_\_\_\_

Yes No Violent behavior: \_\_\_\_\_

Yes No Substance abuse: \_\_\_\_\_

Yes No Substance abuse treatment: \_\_\_\_\_

Yes No Special education classes: \_\_\_\_\_

**INMATE SELF-REPORT OF CURRENT STATUS:**

Yes No First incarceration (reaction): \_\_\_\_\_

Yes No Reports family support: \_\_\_\_\_

Yes No Reports significant depression/remorse: \_\_\_\_\_

Yes No Thinking about suicide: \_\_\_\_\_

Yes No Has plan for suicide: \_\_\_\_\_

Yes No Possible to implement suicide plan: \_\_\_\_\_

Yes No Reports hallucinations: \_\_\_\_\_

**BEHAVIORAL OBSERVATIONS:**

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Poor eye contact         | <input type="checkbox"/> Poor hygiene                                  | <input type="checkbox"/> Unable to pay attention     | <input type="checkbox"/> Unresponsive   |
| <input type="checkbox"/> Disoriented              | <input type="checkbox"/> Anxious                                       | <input type="checkbox"/> Unable to follow directions | <input type="checkbox"/> Unable to read |
| <input type="checkbox"/> Crying                   | <input type="checkbox"/> Memory deficits                               | <input type="checkbox"/> Signs of self-mutilation    | <input type="checkbox"/> Afraid         |
| <input type="checkbox"/> Illogical speech content | <input type="checkbox"/> Appears to be hearing voices or seeing things | <input type="checkbox"/> Paranoid                    |   |
| <input type="checkbox"/> Hostile                  | <input type="checkbox"/> Other unusual behavior: _____                 |  |   |

**DISPOSITION/PLACEMENT RECOMMENDATION (based on reception mental health screening):**

- |  |  |
|--|--|
| <input type="checkbox"/> Routine housing                           | <input type="checkbox"/> Emergency mental health referral  |
| <input type="checkbox"/> Mental health follow-up but not emergency | <input type="checkbox"/> Crisis cell placement recommended |
| <input type="checkbox"/> Current psychotropic meds verified        | <input type="checkbox"/> Interim supply ordered            |

Inmate Name: \_\_\_\_\_ AIS #: \_\_\_\_\_

ADOC – OHS – Mental Health Services  
Disposition: Inmate Medical Record

Reference: ADOC AR: 610, 612, 635  
ADOC Form MH-011 – Revised: October 15, 2015





**Classification Notification Form**  
***Mental Health Code***

Institution: \_\_\_\_\_ Date: \_\_\_\_\_

Inmate Name: \_\_\_\_\_ AIS#: \_\_\_\_\_

- Code to be entered (circle):
- MH-0
  - MH-1,    MH-1(a),    MH-1(b),    MH-1(c)
  - MH-2
  - MH-3,    MH-3(a)
  - MH-4
  - MH-5
  - MH-6
  - MH-9

- \* Update the code on the Master Problem List.
- \* Give this completed form to your mental health clerk.

\_\_\_\_\_  
*Provider Signature* \_\_\_\_\_  
Date



*Mental Health Clerk:*

- \*Enter code into ADOC computer system.
- \*Give this **Notification Form** to the institution Classification Supervisor.

\_\_\_\_\_  
*Mental Health Clerk Signature* \_\_\_\_\_  
Date

Disposition: Classification Supervisor  
Not for Health Record File

Reference: ADOC AR 613  
ADOC Form: MH-013A  
Revised: 10/2015

STATE OF ALABAMA  
DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH SERVICES

PSYCHOLOGICAL EVALUATION UPDATE

Name: \_\_\_\_\_ AIS#: \_\_\_\_\_ R/S: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

This inmate was last evaluated by ADOC psychology staff member \_\_\_\_\_ on  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_ This inmate was recommended for participation in

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following observations and recommendations are made as a result of the current interview:

**Mental Health Code:** 0, 1, 1a, 1b, 1c, 2, 3, 3a, 4, 5, 6, 9

**I. Educational Needs**

- a. ABE       b. Special Education       c. Trade School       d. Junior College  
 e. Life Skills

**II. Mental Health Needs**

- a. Refer to psychiatrist       e. Sexual adjustment       i. Self-concept enhancement  
 b. Substance abuse counseling       f. Reality therapy       j. Healthy use of leisure  
 c. Depression       g. Anger-induced acting out       k. Personal development  
 d. Stress management       h. Values clarification

Date referred to psychiatrist: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**III. RECOMMENDATIONS/REMARKS:** *(include accommodations needed for the visual, hearing impaired and other disabilities)* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Evaluation Completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Psychologist/Psychological Associate

Disposition: Data Entry to Central Records, Institutional Inmate File,  
Inmate Medical Record

Reference ADOC AR: 612, 613  
ADOC Form MH 014 - November, 2015  
(Previously Form N-259A)

STATE OF ALABAMA  
DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH SERVICES

PSYCHOLOGICAL EVALUATION

Name: \_\_\_\_\_ AIS#: \_\_\_\_\_ R/S: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Beta III: \_\_\_\_\_ WAIS: \_\_\_\_/\_\_\_\_/\_\_\_\_ WRAT-RL: \_\_\_\_\_

Last School Grade Completed: \_\_\_\_\_ Special Education Classes:  Yes  No Type: \_\_\_\_\_

MMPI Welsh Code: \_\_\_\_\_

Mental Health Code: 0, 1, 1a, 1b, 1c, 2, 3, 3a, 4, 5, 6, 9

**General Appearance**

- \_\_\_\_\_ a. Neat and generally appropriate  
\_\_\_\_\_ b. Poorly groomed  
\_\_\_\_\_ c. Flat or avoiding interaction  
\_\_\_\_\_ d. Sad or worried

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

**I. Interpersonal Functioning**

- \_\_\_\_\_ a. Normal-good relationships likely  
\_\_\_\_\_ b. Withdrawn/apparent loner  
\_\_\_\_\_ c. Likely to ignore rights/needs  
\_\_\_\_\_ d. Lacks skill or confidence  
\_\_\_\_\_ e. Probably difficult to get along with

f. Other:

- \_\_\_\_\_ 1. Exploitive/manipulative  
\_\_\_\_\_ 2. Weak/vulnerable  
\_\_\_\_\_ 3. Passive/unassertive  
\_\_\_\_\_ 4. Aggressive/Dominant  
\_\_\_\_\_ 5. Retaliates  
\_\_\_\_\_ 6. \_\_\_\_\_

**II. Personality**

- \_\_\_\_\_ a. Healthy  
\_\_\_\_\_ b. Antisocial  
\_\_\_\_\_ c. Paranoid  
\_\_\_\_\_ d. Explosive  
\_\_\_\_\_ e. Dependent  
\_\_\_\_\_ f. Passive-Aggressive

g. Other:

- \_\_\_\_\_ 1. Schizoid  
\_\_\_\_\_ 2. Schizotypal  
\_\_\_\_\_ 3. Histrionic  
\_\_\_\_\_ 4. Narcissistic  
\_\_\_\_\_ 5. Borderline  
\_\_\_\_\_ 6. Avoidant  
\_\_\_\_\_ 7. Compulsive  
\_\_\_\_\_ 8. Atypical/mix  
\_\_\_\_\_ 9. \_\_\_\_\_

**III. Substance Abuse**

\_\_\_\_\_ a. Alcohol addiction/abuse history: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ b. Drug addiction/abuse history: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Disposition: Data Entry to Central Records, Inmate Medical Record,  
Institutional Inmate File

Reference: ADOC AR: 612, 613  
ADOC Form MH-015 – November, 2015  
(Previously Form N-259)  
Page 1 of 4

PSYCHOLOGICAL EVALUATION (Continued)

Inmate Name: \_\_\_\_\_

\_\_\_\_\_ c. Current or most recent use: \_\_\_\_\_

\_\_\_\_\_ d. Current Addictions: \_\_\_\_\_

e. Other:

- |   |  |
|---|--|
| _____ 1. In remission 6 months or less          | _____ 5. Drug use/denies dependency    |
| _____ 2. In remission more than one year        | _____ 6. Alcohol use/denies dependency |
| _____ 3. In remission more than one year        | _____ 7. OBS-drug/alcohol induced      |
| _____ 4. In remission only due to incarceration | _____ 8. Other: _____                  |

**IV. Emotional Status**

- \_\_\_\_\_ a. No significant problems
- \_\_\_\_\_ b. Depressed \_\_\_\_\_

\_\_\_\_\_ c. Anxious or stressful \_\_\_\_\_

\_\_\_\_\_ d. Angry or resentful \_\_\_\_\_

\_\_\_\_\_ e. Confusion or psychotic symptoms \_\_\_\_\_

\_\_\_\_\_ f. Mood disturbances \_\_\_\_\_

\_\_\_\_\_ g. Sexual maladjustment \_\_\_\_\_

**History of sex offenses?**  Yes  No **List:** \_\_\_\_\_

\_\_\_\_\_ h. Paranoid ideation \_\_\_\_\_

\_\_\_\_\_ i. Sleep/appetite disorder \_\_\_\_\_

j. Other:

- |                                   |                                 |                            |
|-----------------------------------|---------------------------------|----------------------------|
| _____ 1. Symptoms of Hypochondria | _____ 4. Overtly psychotic      | _____ 7. Behavior disorder |
| _____ 2. Hyperactivity            | _____ 5. Psychosis in remission | _____ 8. Senile/demented   |
| _____ 3. Violent/uncontrolled     | _____ 6. Personality disorder   | _____ 9. Other _____       |

Disposition: Data Entry to Central Records, Inmate Medical Record, Institutional Inmate File

Reference: ADOC AR: 612, 613  
ADOC Form MH-015 - November, 2015  
(Previously Form N-259)  
Page 2 of 4

**PSYCHOLOGICAL EVALUATION (Continued)**

Name: \_\_\_\_\_

**V. Mental Deficiency**

- \_\_\_\_\_ Mild (50-70)
- \_\_\_\_\_ Moderate (35-50)
- \_\_\_\_\_ Severe (20-35)

- \_\_\_\_\_ Borderline (70-80)
- \_\_\_\_\_ Organic impairment suspected
- \_\_\_\_\_ Memory Deficit

Remarks: \_\_\_\_\_

Emotional response to incarceration: \_\_\_\_\_

**VI. Mental Health**

\_\_\_\_\_ a. Outpatient treatment (dates/where) \_\_\_\_\_

\_\_\_\_\_ b. Inpatient treatment (dates/where) \_\_\_\_\_

\_\_\_\_\_ c. Psychotropic medication (type/effectiveness) \_\_\_\_\_

\_\_\_\_\_ d. Family history of mental illness \_\_\_\_\_

**VII. Management Problems**

\_\_\_\_\_ a. Suicide potential    Ideation    Yes    No            Plans?    Yes    No

History of attempt/gestures \_\_\_\_\_

\_\_\_\_\_ b. Serious mental illness (specify) \_\_\_\_\_

\_\_\_\_\_ c. Impulsive/acting out behaviors predicted \_\_\_\_\_

\_\_\_\_\_ d. Authority Conflict \_\_\_\_\_

\_\_\_\_\_ e. Manipulative/untrustworthy \_\_\_\_\_

\_\_\_\_\_ f. Easily victimized \_\_\_\_\_

Disposition: Data Entry to Central Records, Inmate Medical Record,  
Institutional Inmate File

Reference: ADOC AR: 612, 613  
ADOC Form MH-015 - November, 2015  
(Previously Form N-259)  
Page 3 of 4



STATE OF ALABAMA  
DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH SERVICES

**PSYCHIATRIC EVALUATION**

Referred by:  Mental Health Staff  Medical Staff  Other \_\_\_\_\_

Reason for Referral (Presenting Problem): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Psychiatric History (inpatient/outpatient/medications prescribed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pertinent Medical History: (medication allergies)

\_\_\_\_\_  
\_\_\_\_\_

Substance Abuse History:

\_\_\_\_\_  
\_\_\_\_\_

Pertinent Personal/Family History (inmate's sentence):

\_\_\_\_\_

Institutional Adjustment (current placement)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inmate Name	AIS #
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Disposition: Inmate Medical Record

Reference: ADOC AR: 609, 613, 615, 616, 632, 633, 635, 638  
ADOC Form MH-018 – November, 2015  
Page 1 of 2

**PSYCHIATRIC EVALUATION (Continued)**

**Mental Status Examination:**

Appearance and Behavior: \_\_\_\_\_

Mood and Affect: \_\_\_\_\_

Speech and Language: \_\_\_\_\_

Thought Process: \_\_\_\_\_

Thought Content and Perceptions: \_\_\_\_\_

Cognitive Assessment: \_\_\_\_\_

Insight/Judgement: \_\_\_\_\_

**Suicide/Violence Risk Assessment:**

Past Suicidal Ideation/Attempts (dates and methods): \_\_\_\_\_

Current Suicidal Ideation and Behavior: \_\_\_\_\_

Past Violent/Assaultive Behavior: \_\_\_\_\_

Current Violent/Assaultive Ideas/Behavior: \_\_\_\_\_

**Assessment/Diagnosis (DSM 5):**

Psychosocial/Contextual Factors: \_\_\_\_\_

Symptom Severity: \_\_\_\_\_ 0 \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

Level of Disability: \_\_\_\_\_ None \_\_\_\_\_ Mild \_\_\_\_\_ Moderate \_\_\_\_\_ Severe \_\_\_\_\_ Extreme \_\_\_\_\_

Plan: \_\_\_\_\_

**Treatment Recommendations (including medications/labs ordered/special housing)**

Psychiatric Follow-Up Required Within: \_\_\_\_\_ Days

Mental Health Code: 0, 1, 1a, 1b, 1c, 2, 3, 3a, 4, 5, 6, 9

Psychiatrist or Nurse Practitioner Signature

Date

Inmate Name:	AIS #:
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Disposition: Inmate Medical Record

Reference: ADOC AR: 609, 613, 615, 616, 632, 633, 635, 638

ADOC Form MH-018 – November, 2015

Page 2 of 2

**ABNORMAL INVOLUNTARY MOVEMENT SCALE  
(MODIFIED)  
Repeated Assessment**

**CODE**  
0 – Normal, no involuntary movement  
1 – Minimal, fleetingly present  
2 – Mild, occurs more than four times  
3 – Moderate, persistent  
4 – Severe, very pronounced and continuous

INVOLUNTARY MOVEMENT RATING		Rater:	Rater:	Rater:	Rater:
Rate highest severity observed. Rate movements that occur upon activation one <u>less</u> than those observed spontaneously.		Date:	Date:	Date:	Date:
FACIAL AND ORAL MOVEMENTS	MUSCLES OF FACIAL EXPRESSION: movements of forehead, eyebrows, periorbital area, cheeks; includes frowning, blinking, smiling, grimacing	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	LIPS AND PERIORAL AREA: puckering, pouting, smacking	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	JAW: biting, clenching, chewing, mouth opening, lateral movement	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	TONGUE: rate only increase in movement both in and out of mouth NOT inability to sustain movement	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
EXTREMITY MOVEMENTS	UPPER (arms, wrists, hands, fingers): include choreic movements (rapid, objectively purposeless, irregular, spontaneous), athetoid movements (slow, irregular, complex, serpentine). DO NOT INCLUDE tremors (repetitive, regular, rhythmic)	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	LOWER (legs, knees, ankles, toes): lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
TRUNK MOVEMENTS	NECK, SHOULDER, HIPS: rocking, twisting, squirming, pelvic gyrations.	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
GLOBAL JUDGMENTS	SEVERITY OF ABNORMAL MOVEMENTS	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	INCAPACITATION DUE TO ABNORMAL MOVEMENTS	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	INMATE'S AWARENESS OF ABNORMAL MOVEMENTS: rate only inmate's report  0 – No awareness      3 – Aware, moderate distress 1 – Aware, no distress      4 – Aware, severe distress 2 – Aware, mild distress	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
DENTAL STATUS	CURRENT PROBLEMS WITH TEETH AND/OR DENTURES	NO YES	NO YES	NO YES	NO YES
	DOES INMATE USUALLY WEAR DENTURES?	NO YES	NO YES	NO YES	NO YES

Inmate Name	AIS #
-------------	-------

Disposition: Medical File

Reference: ADOC AR 616.618  
ADOC Form MH-019RA – September 15, 2014





Alabama Department of Corrections  
Health Record Filing Format



Section 1 (left):

**Top:** Master Problem List's (on top of the History and Physical Tab)  
Active: Advanced Directive/Living Will/DNR (under the Problem List's)

**Tab: 1. History and Physical**  
Current Medical Coding Form (1<sup>st</sup> form under the History and Physical Tab)  
Immunization Record's (under the current Medical Coding Form)  
Consent to Immunization/s  
Health Assessments/Physicals  
Kitchen Clearance and Health/Hygiene Information Sheet  
Next of Kin Notification/s  
TB Testing or TB Screening Forms  
Intake Screening – Medical Staff (Intake facility only)  
Other New Arrival / Intake Facility Consent Forms (Intake facility only)  
Intake Medication List (first arrival, Intake facility only)  
Diabetic Intake Screen (Intake facility only)

**Tab: 2. Miscellaneous**  
Access to Care  
Diet Request Slip  
Communication of Information Forms  
Request to Obtain Health Records  
Request for Release of Information  
Authorizations to Release Health Information  
Certification of Health Records  
Authorization / Consent to Treatment (post Intake facility)  
Consent to Invasive Procedure (i.e. Extractions, Suture, I & D)  
Restrictive Housing Placement – Health Assessment  
Restrictive Housing – Inmate Daily Review / Tracking Log  
Treatment Sheets (non-Chronic Care)  
Flow Sheets (non-Chronic Care)  
Refusal of Treatment Form / Acknowledgement  
Release of Responsibility Form / Acknowledgement  
Receipt Acknowledgement (miscellaneous medical equipment or supplies)  
Inactive: Advanced Directives, Living Wills, DNR  
ADOC Communication Form/s (inactive “medical hold” notice)  
Prior to Incarceration / Requested and Received Health Records\*  
(\*per event – secure received record/notes together prior to filing in this section)  
Health Information Received - Other\*  
(facilities contracted by ADOC to house ADOC inmates)  
(\*per event – secure received records/notes together prior to filing in this section)

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**Section 2 (right):**

**Top:** Discharge/Release Forms (closing the health record/s to final/inactive status)  
ADOC Communication Form (active "Medical Hold" notice)

**Tab: 1. Physicians Orders**  
Provider Orders (all disciplines)

**Tab: 2. Physicians Progress Notes**  
Provider Progress Notes (non-mental health)

**Tab: 3. Nursing Progress Notes**  
Nursing Progress Notes  
Sick Call Request Forms (all disciplines)  
Nursing Evaluation/Protocol Forms (all disciplines)  
ADOC Clinical Evaluation/Body Chart Form/s (all disciplines)  
Inter-System Transfer / Receiving Screening Forms  
Transfer Screening Nurse Evaluation Forms

**Tab: 4. Dental**  
Dental Treatment Forms  
Dental Progress Notes  
Dental Sick-Call Request Slips  
Dental Education / Instruction Forms  
Receipts for Dentures or Dental Appliances  
Consent/s for Dental Treatment (includes dental surgical and/or extraction)  
Dental Film (last item, secured in an envelope, under the Dental Tab)

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**Section 3 (left):**

- Tab: 1. Chronic Care Clinic**  
Referral to Chronic Care Clinic Form  
Chronic Care Clinics (CCC) (various Chronic Care Clinic's forms)  
Annual Diabetic Checklist (CCC enrollee)  
Monofilament Testing Sheet (CCC enrollee)  
Finger Stick Blood Sugar Flow Sheets (CCC enrollee)  
Blood Pressure Check Flow Sheets (CCC enrollee)  
Hepatitis C: Evaluation, Flow Sheets, Consent for Treatment (all CCC Hep C forms)  
Flow Sheets / Signed Receipts for Educational Material (CCC enrollee)  
Dialysis Records (closed records; active records remain in Dialysis Record Binder)
- Tab: 2. Lab**  
Lab Results (all)  
Metabolic Monitoring Form
- Tab: 3. X-Ray / EKG**  
X-Ray or Diagnostic Imagery Results (completed on-site or completed off-site)  
Mammogram Results  
MRI / CT  
Echo's  
Ultrasounds  
PET Scans  
EKG's
- Tab: 4. Consults**  
Off-Site Visit UM Request and Response to Request  
On-Site Specialist Visit UM Request and Response to Request  
Off-Site Specialty Provider Notes\*  
(\*non x-ray or lab off-site results or Provider notes not due to an in-patient hospitalization event)  
Consultant Provider Written Prescriptions (unfilled/marked **VOID** – if retained)  
On-Site Specialty Provider Notes (i.e. Optometry, Contracted Provider Consultant)  
Emergency Room Referral Request Form (on-site Provider request)  
Emergency Room Records & Notes\*  
(\*per event – staple received records/notes together prior to filing in this section)
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Section 4 (right):

Tab: 1. **Infirmary** (ADOC, in-patient, on-site) / In-Patient Admissions (hospitalization off-site)

Infirmary / In-patient – Acuity Level Red

(\*per event – breakdown the in-patient record/chart, organize the paperwork, staple the event occurrence together prior to filing in section)

Assisted Living – Acuity Level Yellow

(\*per event period (admission through discharge), bind event period together prior to filing in this section)

Restraint Forms (inmate housed 24/7 in the medical Infirmary)

Hunger Strike Forms (all disciplines)

Off-Site Hospital Admissions\* (Free-World)

(\*per event – organize and staple the received record/notes together prior to filing in this section)

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Section 5 (left):

**Top:**            Current Mental Health Treatment Plan  
                  Current Treatment Plan Review (1<sup>st</sup> form under Mental Health Treatment Plan)  
                  Current Mental Health Code Form (2<sup>nd</sup> form under Mental Health Treatment Plan)

**Tab: 1.        Mental Health**  
Referral to Mental Health  
Psychological Evaluation Update  
Psychological Evaluation  
Psychiatric Evaluation  
AT Initial Assessment  
AT Assessment Update  
Abnormal Involuntary Movement Scale (AIMS) (Modified/Repeat Assessment)  
Psychotropic Medication Consent: Lithium  
Psychotropic Medication Consent: Antipsychotics  
Psychotropic Medication Consent: Antidepressants  
Psychotropic Medication Consent: General  
Psychiatric Progress Notes  
Emergency Forced Psychotropic Medication Report (ADOC Form MH-027)  
Involuntary Medication Request  
Notice of Involuntary Medication Hearing  
Record of Involuntary Medication Review  
Review of Restrictive Housing Inmate (Mental Health)  
Progress Notes (Mental Health)  
Mental Health Consultation to the Disciplinary Hearing  
Mental Health Watch / Restraint Procedure  
Inmate Status / Precautionary Watch  
Use of Physical Restraints for Mental Health Purposes Monitoring  
Mental Health Unit (RTU/SU): Admission /Transfer Form  
Mental Health Unit (RTU/SU): Discharge Summary Form  
Mental Health Unit (RTU/SU): Discharge/Transfer Form  
Mental Health Unit (RTU/SU): Initial Nursing Assessment  
Correctional Officer Input Into RTU/SU Inmate Treatment Planning  
Intensive Psychiatric Stabilization Unit: Inmates with Extended Stay  
Record of Sanity Commission Hearing  
Pre-Admission Statement  
Petition for Involuntary Commitment  
Mental Health Workshop Certificate (copy)  
Inmate Orientation to Mental Health Services  
Intake / Reception Mental Health Screening Evaluation\*  
(\*last form found under the Mental Health Tab)

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Section Six (right):

- Tab: 1. Medications**  
Medication Administration Records  
Non-Formulary Request Form/s  
Non-Formulary Approval / Denial / Recommendations (response received)  
Medication Report Forms (medical, dental, mental health; counsel / non-compliance)  
Medication List / Summary (generated after Intake)  
Keep On Person (KOP) Medication Program Forms/Contracts

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Unless specifically noted otherwise in the above filing format, documents are to be filed in the health record according to event, date, and time.



Current date/time items will be found first and additional items will be found thereafter in descending chronological order in each section/tab of the health record.

Top ...



... to bottom