

OKLAHOMA DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH UNIT INTAKE

**SUBJECTIVE DATA:**

1. **Presenting Problem:** \_\_\_\_\_  
\_\_\_\_\_

2. **Problems:** (check all that apply)

Depression     Anger     Anxiety     Psychosis     Other: \_\_\_\_\_

3. **Personal History:** (check all that apply)

Family    Comment: \_\_\_\_\_

Interpersonal    Comment: \_\_\_\_\_

Substance Abuse    Comment: \_\_\_\_\_

Psychiatric (including bipolar)    Comment: \_\_\_\_\_

Medical    Comment: \_\_\_\_\_

Other    Comment: \_\_\_\_\_

**PREA INFORMATION:**

1. **Have you engaged in consensual sex while in prison?**

Yes     No    If "Yes" Comment: \_\_\_\_\_

2. **Has an inmate approached you for sex?**

Yes     No    If "Yes" Comment: \_\_\_\_\_

3. **Have you approached an inmate for sex?**

Yes     No    If "Yes" Comment: \_\_\_\_\_

4. **Any history of victimization / perpetration at another facility?**

Yes     No    If "Yes" Comment: \_\_\_\_\_

5. **Potential to be a perpetrator?**

Yes     No    If "Yes" Comment: \_\_\_\_\_

6. **Susceptibility to being victimized?**

Yes     No    If "Yes" Comment: \_\_\_\_\_

**SEXUAL HISTORY:**

1. **Any sexual dysfunction diagnosis?**

Yes     No    If "Yes" Comment: \_\_\_\_\_

2. **History of perpetration prior to prison?**

Yes     No    If "Yes" Comment: \_\_\_\_\_

3. **History of victimization prior to prison?**

Yes     No    If "Yes" Comment: \_\_\_\_\_

4. **Does this inmate act in a predatory, controlling, intimidating manner?**

Yes     No    If "Yes" Comment: \_\_\_\_\_

5. **Does this inmate act in a manner which would make him vulnerable?**

Yes     No    If "Yes" Comment: \_\_\_\_\_

6. **Is this inmate a sex inmate?**

Yes     No    If "Yes" Comment: \_\_\_\_\_

**QMHP:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

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

**ODOC #:** \_\_\_\_\_

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**RISK MANAGEMENT INTERVIEW**

1. Reason for referral: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Interview data: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Personal History: (check all that apply)  
 High Risk Disorder Comment: \_\_\_\_\_  
 Substance Abuse Comment: \_\_\_\_\_  
 Co-Morbidity Comment: \_\_\_\_\_  
 Influence of the Disorder Comment: \_\_\_\_\_  
Additional information: \_\_\_\_\_

4. Suicidal History:  
 Yes  No If "Yes" number of attempts: \_\_\_\_\_ When: \_\_\_\_\_  
\_\_\_\_\_  
Consequences-lessons (ends vs means) \_\_\_\_\_  
\_\_\_\_\_  
Additional information: \_\_\_\_\_

5. Emotional Dysregulation: (check all that apply)  
 Typically reactive and aggressive acting out Comment: \_\_\_\_\_  
 Reflexive anger to emotional threat Comment: \_\_\_\_\_  
 Easily provoked (anger attacks) Comment: \_\_\_\_\_  
 Other Comment: \_\_\_\_\_  
Additional information: \_\_\_\_\_

6. Family History:  
 None  
 Psychiatric hospitalization  
Diagnosis: \_\_\_\_\_  
Who: \_\_\_\_\_  
When: \_\_\_\_\_  
Relationship - impact: \_\_\_\_\_  
Additional information: \_\_\_\_\_  
\_\_\_\_\_

7. Environmental Stressors: (check all that apply)  
 None  
 Immediate external stressors Comment: \_\_\_\_\_

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- Meaningful loss Comment: \_\_\_\_\_
  - Internal stressors (depression-psychic pain) Comment: \_\_\_\_\_
- Additional information: \_\_\_\_\_

8. **Environmental Support:** (protective factors):

- None
  - Family-friends Comment: \_\_\_\_\_
  - System-organizations Comment: \_\_\_\_\_
  - Institutions-agencies Comment: \_\_\_\_\_
  - Available-reliable Comment: \_\_\_\_\_
- Additional information: \_\_\_\_\_

9. **Intent to Die:** (check all that apply)

- None
  - Motivation (ends vs means) Comment: \_\_\_\_\_
  - Bring about death Comment: \_\_\_\_\_
  - Obtain secondary gain Comment: \_\_\_\_\_
- Additional information: \_\_\_\_\_

10. **Knowledge of Means:** (check all that apply)

- First hand (seeking information) Comment: \_\_\_\_\_
  - Second hand (training/occupation) Comment: \_\_\_\_\_
- Additional information: \_\_\_\_\_

11. **Access to Means:**

- None
  - Availability of means Comment: \_\_\_\_\_
  - Efforts to acquire means Comment: \_\_\_\_\_
- Additional information: \_\_\_\_\_

12. **Plan or Method:** (check all that apply)

- None
  - Choices vs access to means Comment: \_\_\_\_\_
  - Organized Comment: \_\_\_\_\_
  - Avoid discover-limit intervention Comment: \_\_\_\_\_
  - Lessons learned Comment: \_\_\_\_\_
- Additional information: \_\_\_\_\_

13. **Current Psychiatric Disorder:** (check all that apply)

- Observed symptoms Comment: \_\_\_\_\_
  - Current disorder Comment: \_\_\_\_\_
- Additional information: \_\_\_\_\_

14. **Suicidal Ideation/Verbal Content:** (check all that apply)

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- Direct verbal statements/threats Comment: \_\_\_\_\_
  - Indirect statements (psychic pain) Comment: \_\_\_\_\_
  - Specificity of suicidal thinking (emotional control) Comment: \_\_\_\_\_
- Additional information: \_\_\_\_\_

15. **Cognitive Style:** (check all that apply)

- Dysfunctional assumptions and attitudes Comment: \_\_\_\_\_
  - Perfectionism Comment: \_\_\_\_\_
  - Poor self-image Comment: \_\_\_\_\_
  - Dichotomous Comment: \_\_\_\_\_
  - Rigid thinking Comment: \_\_\_\_\_
  - Poor problem solving (ineffective strategies) Comment: \_\_\_\_\_
  - Depressionogenic thinking Comment: \_\_\_\_\_
  - Poor future expectations Comment: \_\_\_\_\_
  - Hopelessness Comment: \_\_\_\_\_
- Additional information: \_\_\_\_\_

16. **Psychological Factors:**

- Low risk                       Moderate risk                       High risk

Additional information: \_\_\_\_\_

17. **Recommendations:** (check all that apply)

- Therapeutic seclusion       Suicide watch/precautions       Hospitalization                       Recurrent evaluation
- Increased visits               Refer for evaluation                       Periodic follow-up                       Peer consultation
- Other \_\_\_\_\_

Additional information: \_\_\_\_\_

**OBJECTIVE DATA**

1. **Appearance:** \_\_\_\_\_
2. **Hygiene:** \_\_\_\_\_
3. **Movement:** \_\_\_\_\_
4. **Consciousness:** \_\_\_\_\_
5. **Approach:** \_\_\_\_\_
6. **Eye contact:** \_\_\_\_\_
7. **Speech:** \_\_\_\_\_
8. **Articulation:** \_\_\_\_\_
9. **Expression:** \_\_\_\_\_
10. **Short-term memory:** \_\_\_\_\_
11. **Long-term memory:** \_\_\_\_\_
12. **Thought content:** \_\_\_\_\_
13. **Orientation:** \_\_\_\_\_

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14. Concentration: \_\_\_\_\_

15. Insight: \_\_\_\_\_

16. Affect: \_\_\_\_\_

17. Mood: \_\_\_\_\_

18. IQ Estimate:

- Above average
- Average
- Low average
- Borderline
- Below average

Additional information: \_\_\_\_\_

**ASSESSMENT**

1. Problems: (list) \_\_\_\_\_

\_\_\_\_\_

2. DSM Diagnosis: \_\_\_\_\_

\_\_\_\_\_

QMHP: \_\_\_\_\_

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ODOC #: \_\_\_\_\_