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: _____________________________________________

   Additional information: _____________________________________________

7. Environmental Stressors: (check all that apply)
   □ None
   □ Immediate external stressors   Comment: _____________________________
   QMHP: ___________________________  DATE: _______________
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☐ Meaningful loss  Comment: 

☐ Internal stressors (depression-psychic pain)  Comment: 
Additional information: 

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<th>8. Environmental Support: (protective factors):</th>
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<tbody>
<tr>
<td>☐ None</td>
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<tr>
<td>☐ Family-friends  Comment:</td>
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<tr>
<td>☐ System-organizations  Comment:</td>
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<tr>
<td>☐ Institutions-agencies  Comment:</td>
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<td>☐ Available-reliable  Comment:</td>
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Additional information: 

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<tr>
<th>9. Intent to Die: (check all that apply)</th>
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<tbody>
<tr>
<td>☐ None</td>
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<tr>
<td>☐ Motivation (ends vs means)  Comment:</td>
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<tr>
<td>☐ Bring about death  Comment:</td>
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<tr>
<td>☐ Obtain secondary gain  Comment:</td>
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Additional information: 

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<th>10. Knowledge of Means: (check all that apply)</th>
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<tbody>
<tr>
<td>☐ First hand (seeking information)  Comment:</td>
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<tr>
<td>☐ Second hand (training/occupation)  Comment:</td>
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Additional information: 

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<tr>
<th>11. Access to Means:</th>
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<tbody>
<tr>
<td>☐ None</td>
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<tr>
<td>☐ Availability of means  Comment:</td>
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<tr>
<td>☐ Efforts to acquire means  Comment:</td>
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Additional information: 

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<th>12. Plan or Method: (check all that apply)</th>
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<tr>
<td>☐ None</td>
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<tr>
<td>☐ Choices vs access to means  Comment:</td>
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<tr>
<td>☐ Organized  Comment:</td>
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<tr>
<td>☐ Avoid discover-limit intervention  Comment:</td>
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<td>☐ Lessons learned  Comment:</td>
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Additional information: 

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<th>13. Current Psychiatric Disorder: (check all that apply)</th>
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<td>☐ Observed symptoms  Comment:</td>
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<tr>
<td>☐ Current disorder  Comment:</td>
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Additional information: 

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<tr>
<th>14. Suicidal Ideation/Verbal Content: (check all that apply)</th>
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QMHP: ___________________________________________ DATE: ________________

Inmate Name: ___________________________________________ ODOC #: ____________

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Direct verbal statements/threats  Comment: 
Indirect statements (psychic pain)  Comment: 
Specificity of suicidal thinking (emotional control)  Comment: 
Description of suicidal actions 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:

QMHP: ______________________ DATE: ____________________

Inmate Name: ______________________ ODOC #: ____________________

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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: ___________________________ DATE: ___________________________

Inmate Name: ___________________________ ODOC #: ___________________________

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