

**OKLAHOMA DEPARTMENT of CORRECTIONS
Mental Health or Mental Status Review**

Inmate Name: _____ ODOC #: _____ Facility: _____ Unit: _____

Purpose of Review: Restrictive Housing Review Re-evaluation Death Row MHU Protective Custody ICHU Other: _____

Date / Time								
Inmate cell, clothing, or body unkempt or unclean	NA L M H	NA L M H	NA L M H	NA L M H	NA L M H	NA L M H	NA L M H	NA L M H
Inmate incoherent, bizarre, or unusually disorganized in speech or behavior	NA L M H	NA L M H	NA L M H	NA L M H	NA L M H	NA L M H	NA L M H	NA L M H
Inmate disoriented to time, place or person	NA L M H	NA L M H	NA L M H	NA L M H	NA L M H	NA L M H	NA L M H	NA L M H
Inmate demonstrates deficits in memory	NA L M H	NA L M H	NA L M H	NA L M H	NA L M H	NA L M H	NA L M H	NA L M H
Inmate presents any psychotic features	NA L M H	NA L M H	NA L M H	NA L M H	NA L M H	NA L M H	NA L M H	NA L M H
Inmate appears sad or depressed	NA L M H	NA L M H	NA L M H	NA L M H	NA L M H	NA L M H	NA L M H	NA L M H
Inmate displays symptoms of anxiety	NA L M H	NA L M H	NA L M H	NA L M H	NA L M H	NA L M H	NA L M H	NA L M H
Inmate angry, hostile or threatening	NA L M H	NA L M H	NA L M H	NA L M H	NA L M H	NA L M H	NA L M H	NA L M H
Inmate voices/displays violent tendencies	NA L M H	NA L M H	NA L M H	NA L M H	NA L M H	NA L M H	NA L M H	NA L M H
Inmate shows signs of euphoric or expansive mood	NA L M H	NA L M H	NA L M H	NA L M H	NA L M H	NA L M H	NA L M H	NA L M H
Inmate reports or observation of suicidal ideation or behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature								

Date / Comments _____

Date / Comments _____

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