Facility: _____________________________

Purpose of Check: □ Evaluation □ Re-evaluation □ MHU □ Other: __________________________________________________________

Complaints: □ None voiced □ Yes If “Yes” state: ________________________________________________________________

Problems: ____________________________________________________

Medications given: □ N/A □ Yes (list) __________________________________________________________

VS: (clinically indicated)

<table>
<thead>
<tr>
<th>BP</th>
<th>Pulse</th>
<th>Resp.</th>
<th>Temp.</th>
<th>Wt.</th>
<th>O2 sats.</th>
<th>FSBS</th>
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</thead>
</table>

Inmate: □ Alert □ Lethargic □ Confused □ Disoriented □ Incoherent □ Other: ____________________________________________

Inmate cell, clothing, or body unkempt or unclean: □ Yes □ No Comment(s): ________________________________

Inmate incoherent, bizarre, or unusually disorganized in speech or behavior: □ Yes □ No Comment(s): ________________

Inmate demonstrates deficits in memory: □ Yes □ No Comment(s): __________________________

Inmate presents any psychotic features: □ Yes □ No Comment(s): __________________________

Inmate appears sad or depressed: □ Yes □ No Comment(s): __________________________

Inmate displays symptoms of anxiety: □ Yes □ No Comment(s): __________________________

Inmate angry, hostile or threatening: □ Yes □ No Comment(s): __________________________

Inmate shows signs of euphoric or expansive mood: □ Yes □ No Comment(s): __________________________

Inmate reports or observation of suicidal ideation or behavior: □ Yes □ No Comment(s): __________________________

Inmate reports or observation of homicidal thoughts or behavior: □ Yes □ No Comment(s): __________________________

Inmate reports or observation of self-injury thoughts or behavior: □ Yes □ No Comment(s): __________________________

Inmate taking meals: □ Served and eaten □ Served and not eaten If “Not eaten” state reason: __________________________

Inmate taking fluids: □ Yes □ No If “No” state reason: __________________________

Appearance: □ No distress □ Mild distress □ Moderate distress □ Severe distress

Additional Information: __________________________________________________________

________________________________________________________

Notify health care provider/mental health care provider if:

□ Change in Mental Status □ Significant increases and/or decreases in BP/Heart Rate □ Self-Injury □ Suicidal Ideation
□ Hallucinations □ Insomnia

Disposition:

□ Continue to monitor □ Refer for evaluation □ Schedule for sick call visit □ Follow-up PRN
□ Instructed inmate to notify medical/mental health for any concerns that warrant further evaluation. Inmate verbalizes understanding.

RN/LPN Signature: ___________________________________________ Date: ____________

Inmate Name: ___________________________________________ DOC#: ____________

(Last, First)