

**GEORGIA DEPARTMENT OF CORRECTIONS**

Facility: \_\_\_\_\_

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

**PSYCHOLOGY/PSYCHIATRY**

ID#: \_\_\_\_\_

**TRANSFER EVALUATION**     Onsite     Tele-MH    Race: \_\_\_\_\_ Sex: \_\_\_\_\_

This inmate transferred from \_\_\_\_\_ on \_\_\_\_\_ as a MH Level (circle one)    II    III    IV

**Diagnosis:** Offender Records indicate the Principal Diagnosis is: \_\_\_\_\_

Additional Diagnoses are: \_\_\_\_\_

**MH Medications:** (Circle one)    No Medications    Involuntary Medications    Voluntary Medications (list below)

Current MH Medications: \_\_\_\_\_

**Medical:** Significant Physical Health Diagnoses (Circle one)    No    Yes (If yes, please list clinically significant below)

**Self-Injurious Behavior History** (Circle one)    No    Yes (If yes, please list clinically significant below)

**Summary of Mental Health History (pre- and post- incarceration):** \_\_\_\_\_

**Current Mental Health Status:** \_\_\_\_\_

**Target Symptoms and Ratings (0-5):** 1. \_\_\_\_\_ (    ); 2. \_\_\_\_\_ (    ); 3. \_\_\_\_\_ (    )

**Diagnosis (es) Change:**  No (Sign/Date Diagnosis List)     Yes (Complete New Diagnosis List, explain below & update Problem List)

Explanation: \_\_\_\_\_

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

**Return to Clinic:** \_\_\_\_\_

\_\_\_\_\_  
Signature & Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Today's Date