

GEORGIA DEPARTMENT OF CORRECTIONS Facility: _____

MH SERVICES Offender: _____

MENTAL HEALTH TRANSFER SUMMARY GDC ID#: _____

DOB: _____

Race: _____ Sex: _____

Principal Diagnosis: _____

Other: _____

Other: _____

Current Mental Status: _____

Current Medications: _____

Inmate is on Involuntary Medication Status- (Yes) (No)

Last hearing Date: _____ **Next review Date:** _____

Housing Recommendations: _____

Current Treatment (Non-Medication): _____

Summary of Progress Made in Treatment at Current Facility: _____

Reason for Transfer: _____

MH Staff Signature/Title

Date