

**MENTAL HEALTH UNIT (MHU), INTERMEDIATE CARE HOUSING UNIT (ICHU) OR  
HABILITATION PROGRAM (HP) REFERRAL FORM**

Referral to:  OSP  JHCC  MBCC

For:  MHU  ICHU  HP

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

Inmate Name: \_\_\_\_\_ DOC#: \_\_\_\_\_

DOB: \_\_\_\_\_ Race: \_\_\_\_\_

**Current Mental Health Service Level Classification: (Please circle)**

B  C1  C2  D

Reason for Referral: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referral Priority:  High  Medium  Low

Current Behavior: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recent Intervention and Assistance Provided: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This inmate suffers from a substantial disorder of: (Check all that apply)**

- Thought
- Mood
- Perception
- Orientation
- Memory

**That grossly impairs: (Check all that apply)**

- Judgment
- Behavior
- Capacity to recognize reality
- Ability to meet the ordinary demands of life

Due to his/her mental illness, the inmate is: (Check all that apply)

- A substantial risk of harm to him/herself
- A substantial risk of harm to others
- Gravely disabled such that he/she is unable to care for him/herself so that his/her health and/or safety is endangered
- Gravely disabled such that the he/she is incapable of participating in any treatment plan which would offer the opportunity to improve his/her condition and would experience physical suffering and/or further deterioration

DSM Diagnoses: \_\_\_\_\_

Inmate Has History of Involuntary Medication:      Yes                  No

If yes, circle one:      Emergency                  Non-Emergency                  Both

Significant Mental Health History: \_\_\_\_\_

\_\_\_\_\_

Significant Medical History: \_\_\_\_\_

\_\_\_\_\_

Significant Substance Use History: \_\_\_\_\_

\_\_\_\_\_

Please rate the following factors:

Medication Adherence     NA     Poor     Fair     Good

Adjustment to Incarceration     Poor     Fair     Good

Level of Family Support     Poor     Fair     Good

Suicide Risk     Low     Moderate     High

Self-Injury Risk     Low     Moderate     High

Risk of Violence Toward Others     Low     Moderate     High

Predatory Risk Toward Others     Low     Moderate     High

Risk of Victimization From Others     Low     Moderate     High

Level of Motivation for Secondary Gain (e.g., in debt, target of other inmates)  
 Low     Moderate     High

**Comments On Above Factors:** \_\_\_\_\_

**Describe Potential or Actual Problems in the Following Adaptive Behavior Areas:**

**Interpersonal Relationships (Inmate/Staff/Family):** \_\_\_\_\_

**Self-Care/Health Management:** \_\_\_\_\_

**Obtaining Rights or Privileges:** \_\_\_\_\_

**Employment (Pre-incarceration, during Incarceration, plans post-incarceration):**

**Independent Living (Pre-incarceration, plans post-incarceration):**

**Current Days Remaining:** \_\_\_\_\_

**Administered Test of Intellectual Functioning?**      **Yes**                      **No**

**If yes, what test?** \_\_\_\_\_

**Date test administered?** \_\_\_\_\_

**Results?** \_\_\_\_\_

**Highest grade completed?** \_\_\_\_\_

**SSI/SSDI Recipient Prior to Incarceration?**      **Yes**                      **No**                      **Don't Know**

**Medicaid Recipient Prior to Incarceration?**      **Yes**                      **No**                      **Don't Know**

**Referred by:** \_\_\_\_\_                      **Date:** \_\_\_\_\_