

**OKLAHOMA DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH ASSESSMENT FOR RESTRICTIVE HOUSING**

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

Date of Assessment: \_\_\_\_\_ Date of Restrictive Housing Admission: \_\_\_\_\_

**Reason for Assessment:**

Initial Assessment     30 days     60 days     90 days     Other: \_\_\_\_\_

**1. Self-reported problems/complaints:**

None reported     Yes    Comment: \_\_\_\_\_

**2. Suicidal thoughts or behavior:**

None     Yes    Comment: \_\_\_\_\_

**3. Homicidal thoughts or behavior:**

None     Yes    Comment: \_\_\_\_\_

**4. Self injury thoughts or behavior:**

None     Yes    Comment: \_\_\_\_\_

**5. Conflicts with staff/inmates:**

None reported     Yes    Comment: \_\_\_\_\_

**6. Compliance with restrictive housing rules:**

Yes     Most of the time     Sometimes     Seldom

Comment: \_\_\_\_\_

**7. Expresses interest in compliance:**

Yes     Most of the time     Sometimes     Seldom

Comment: \_\_\_\_\_

**8. Understands consequences of noncompliance:**

Yes     Most of the time     Sometimes     Seldom

Comment: \_\_\_\_\_

**9. Organization of time:**

Good     Fair     Poor

Comment: \_\_\_\_\_

**10. Behavior, mood, and/or thought problems related to restrictive housing:**

Good     Fair     Poor

Comment: \_\_\_\_\_

**11. Overall adjustment to current placement:**

Good     Fair     Poor

Comment: \_\_\_\_\_

**Recommendations:**

- Continue placement per security recommendations
- Provide mental health services per policy while in RHU
- Medical transfer priority to general population housing
- Placement on Therapeutic Seclusion Status
- Referral to MHU
- Other: \_\_\_\_\_

**Name/position:** \_\_\_\_\_