

**OKLAHOMA DEPARTMENT of CORRECTIONS  
MENTAL HEALTH SERVICES  
TREATMENT RECOMMENDATIONS UPON PAROLE**

Inmate Name: \_\_\_\_\_ ODOC number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

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

Mental Health Service Level Classification: \_\_\_\_\_

**Recommended Level of Care Upon Parole:**

\_\_\_\_\_ Inpatient (Voluntary or Involuntary)

\_\_\_\_\_ Day Treatment

\_\_\_\_\_ Intensive Outpatient (e.g., PACT, RICCT)

\_\_\_\_\_ Outpatient

\_\_\_\_\_ Other:

\_\_\_\_\_  
\_\_\_\_\_

**Additional Treatment Recommendations:**

\_\_\_\_\_ Concurrent Substance Abuse Treatment

\_\_\_\_\_ Ongoing Monitoring of Medication Adherence

\_\_\_\_\_ Community Based Support Group

**Additional Information:**

\_\_\_\_\_  
\_\_\_\_\_

Signature of QMHP \_\_\_\_\_ Date \_\_\_\_\_