

**OKLAHOMA DEPARTMENT OF CORRECTIONS**  
**MENTAL HEALTH TRANSFER REQUEST**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

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

Inmate Name: \_\_\_\_\_ ODOC #: \_\_\_\_\_

Security Level:  Halfway House  Community  Minimum  Medium  Maximum

Current "Individual Health Activity Profile (IHAP)" completed:  Yes  No (IHAP must accompany all "Mental Health Transfer Requests")

MH Level: MH \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_

Severity Classification:  Mild  Moderate  Severe

Secondary Diagnosis: \_\_\_\_\_

Severity Classification:  Mild  Moderate  Severe

Clinical Justification for Transfer: \_\_\_\_\_

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

Requires Lower Bunk:  Yes  No      Requires Lower Rung/Level:  Yes  No

Emergency transfer:  Yes  No If "Yes" state reason: \_\_\_\_\_

Can inmate be transported by Central Transport Unit:  Yes  No **Note:** If inmate is wheelchair bound, she/he cannot be transported by CTU

\* **Mental Health Transfer Request** is to be completed in the inmate's EHR. Assign the transfer request to the Chief Mental Health Officer and/or Deputy Chief Mental Health Officer. Send a corresponding email to the Chief Mental Health Officer and/or Deputy Chief Mental Health Officer that a "Mental Health Transfer Request" has been submitted.

Fax the completed "Mental Health Transfer Request" to 405-425-2911 and send a corresponding email notifying the Chief Mental Health Officer and/or Deputy Chief Mental Health Officer, that a transfer request has been faxed.

\* If mental health move has not occurred within two weeks contact the Mental Health Division at **405-425-7098**.

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**To be filled out by Mental Health Services Central Office:**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Mental Health transfer approved:  Yes  No If "No" state reason: \_\_\_\_\_

Comments: \_\_\_\_\_

Facility transferred to: \_\_\_\_\_ Date faxed to receiving provider: \_\_\_\_\_