

**Mental Health Unit, Intermediate Care Housing Unit, or Habilitation Program
EVALUATION SUMMARY**

Evaluated at: JHCC MBCC

For: MHU (Medium) MHU (Maximum) ICHU HP

Referring QMHP/facility: _____

_____ Inmate Name _____ ODOC # _____ DOB

Current mental health service level classification: B C2 C1 D

Returning to: _____ # days in observation/evaluation: _____

Behavior observed during observation/evaluation period: _____

Intervention and assistance provided during observation/evaluation period: _____

Clinical assessment: _____

DSM diagnoses: _____

Inmate was involuntarily medicated during observation/evaluation period: Yes No

If yes, check one: Emergency Non-emergency Both

Reason(s) for not admitting inmate to MHU/ICHU/HP: _____

Recommendations for management or treatment: _____

Evaluated by:

_____ QMHP

_____ Date