OKLAHOMA DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH UNIT INTAKE

SUBJECTIVE DATA:

1. Presenting Problem:

____________________________________________________________________________________

2. Problems: (check all that apply)
   □ Depression    □ Anger    □ Anxiety    □ Psychosis    □ Other: ____________________________

3. Personal History: (check all that apply)
   □ Family Comment: ________________________________________________________________
   □ Interpersonal Comment: __________________________________________________________
   □ Substance Abuse Comment: _______________________________________________________  
   □ Psychiatric (including bipolar) Comment: ____________________________________________
   □ Medical Comment: ______________________________________________________________
   □ Other Comment: _________________________________________________________________  

PREA INFORMATION:

1. Have you engaged in consensual sex while in prison?
   □ Yes  □ No  If “Yes” Comment: _______________________________________________________

2. Has an inmate approaches you for sex?
   □ Yes  □ No  If “Yes” Comment: _______________________________________________________

3. Have you approached an inmate for sex?
   □ Yes  □ No  If “Yes” Comment: _______________________________________________________

4. Any history of victimization / perpetration at another facility?
   □ Yes  □ No  If “Yes” Comment: _______________________________________________________

5. Potential to be a perpetrator?
   □ Yes  □ No  If “Yes” Comment: _______________________________________________________

6. Susceptibility to being victimized?
   □ Yes  □ No  If “Yes” Comment: _______________________________________________________

SEXUAL HISTORY:

1. Any sexual dysfunction diagnosis?
   □ Yes  □ No  If “Yes” Comment: _______________________________________________________

2. History of perpetration prior to prison?
   □ Yes  □ No  If “Yes” Comment: _______________________________________________________

3. History of victimization prior to prison?
   □ Yes  □ No  If “Yes” Comment: _______________________________________________________

4. Does this inmate act in a predatory, controlling, intimidating manner?
   □ Yes  □ No  If “Yes” Comment: _______________________________________________________

5. Does this inmate act in a manner which would make him vulnerable?
   □ Yes  □ No  If “Yes” Comment: _______________________________________________________

6. Is this inmate a sex inmate?
   □ Yes  □ No  If “Yes” Comment: _______________________________________________________

QMHP ___________________________________________ DATE: ________________________________

Inmate Name: ____________________________________________  DOC #: _________________________  

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MENTAL HEALTH UNIT INTAKE

RISK MANAGEMENT INTERVIEW

1. Reason for referral: 

2. Interview data: 

3. Personal History: (check all that apply)
   - High Risk Disorder   Comment: 
   - Substance Abuse    Comment: 
   - Co-Morbidity      Comment: 
   - Influence of the Disorder   Comment: 
   Additional information: 

4. Suicidal History:
   - Yes    - No  If “Yes” number of attempts: ________ When: 
   Consequences-lessons (ends vs means) 
   Additional information: 

5. Emotional Dysregulation: (check all that apply)
   - Typically reactive and aggressive acting out   Comment: 
   - Reflexive anger to emotional threat   Comment: 
   - Easily provoked (anger attacks)   Comment: 
   - Other   Comment: 
   Additional information: 

6. Family History:
   - None 
   - Psychiatric hospitalization
     Diagnosis: 
     Who: 
     When: 
     Relationship - impact: 
   Additional information: 

7. Environmental Stressors: (check all that apply)
   - None 
   - Immediate external stressors   Comment: 
   - Meaningful loss  Comment: 

QMHP ___________________________ DATE: ____________
Inmate Name: ___________________________ DOC #: ___________________________
8. Environmental Support: (protective factors):

- None
- Family-friends Comment: ______________________________________________________________________
- System-organizations Comment: __________________________________________________________________
- Institutions –agencies Comment: __________________________________________________________________
- Available-reliable Comment: _______________________________________________________________________

Additional information: _____________________________________________________________________________

9. Intent to Die: (check all that apply)

- None
- Motivation (ends vs means) Comment: __________________________________________________________________
- Bring about death Comment: _______________________________________________________________________
- Obtain secondary gain Comment: __________________________________________________________________

Additional information: _____________________________________________________________________________

10. Knowledge of Means: (check all that apply)

- First hand (seeking information) Comment: __________________________________________________________________
- Second hand (training/occupation) Comment: __________________________________________________________________

Additional information: _____________________________________________________________________________

11. Access to Means:

- None
- Availability of means Comment: _____________________________________________________________________
- Efforts to acquire means Comment: __________________________________________________________________

Additional information: _____________________________________________________________________________

12. Plan or Method: (check all that apply)

- None
- Choices vs access to means Comment: __________________________________________________________________
- Organized Comment: _____________________________________________________________________________
- Avoid discover-limit intervention Comment: __________________________________________________________________
- Lessons learned Comment: _______________________________________________________________________

Additional information: _____________________________________________________________________________

13. Current Psychiatric Disorder: (check all that apply)

- Observed symptoms Comment: _____________________________________________________________________
- Current disorder Comment: _______________________________________________________________________

Additional information: _____________________________________________________________________________

14. Suicidal Ideation/Verbal Content: (check all that apply)

- Direct verbal statements/threats Comment: __________________________________________________________________
- Indirect statements (psychic pain) Comment: __________________________________________________________________
- Specificity of suicidal thinking (emotional control) Comment: __________________________________________________________________

QMHP __________________________________________________________________________________ DATE: __________

Inmate Name: ___________________________________________________________________________________ DOC #: __________

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15. **Cognitive Style:** (check all that apply)

- [ ] Dysfunctional assumptions and attitudes  Comment: 
- [ ] Perfectionism  Comment: 
- [ ] Poor self-image  Comment: 
- [ ] Dichotomous  Comment: 
- [ ] Rigid thinking  Comment: 
- [ ] Poor problem solving (ineffective strategies)  Comment: 
- [ ] Depressionogenic thinking  Comment: 
- [ ] Poor future expectations  Comment: 
- [ ] Hopelessness  Comment: 

Additional information: ____________________________________________________________

16. **Psychological Factors:**

- [ ] Low risk  
- [ ] Moderate risk  
- [ ] High risk

Additional information: ____________________________________________________________

17. **Recommendations:** (check all that apply)

- [ ] Therapeutic seclusion  
- [ ] Suicide watch/Precautions  
- [ ] Hospitalization  
- [ ] Recurrent evaluation  
- [ ] Increased visits  
- [ ] Refer for evaluation  
- [ ] Periodic follow-up  
- [ ] Peer consultation  
- [ ] Other: ____________________________________________________________

Additional information: ____________________________________________________________

**OBJECTIVE DATA**

1. **Appearance:**

2. **Hygiene:**

3. **Movement:**

4. **Consciousness:**

5. **Approach:**

6. **Eye contact:**

7. **Speech:**

8. **Articulation:**

9. **Expression:**

10. **Short term memory:**

11. **Long term memory:**

12. **Thought content:**

13. **Orientation:**

14. **Concentration:**

15. **Insight:**

16. **Affect:**

QMHP: ___________________________________________  DATE: _______________________

Inmate Name: ___________________________________________  DOC #: ____________________

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17. Mood: ___________________________________________________________________________________ 

18. IQ Estimate:    

☐ Above average  ☐ Average  ☐ Low average  ☐ Borderline  ☐ Below average  

Additional information: ____________________________________________________________

ASSESSMENT

1. Problems: (list)_________________________________________________________________________________

________________________________________________________________________________________________

2. DSM Diagnosis: __________________________________________________________

_________________________________________________________________________________________

QMHP __________________________________________________________ DATE: __________________________

Inmate Name: __________________________________________________________ DOC #: __________________________

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