



BOB RILEY  
GOVERNOR

# State of Alabama Alabama Department of Corrections

Research and Planning  
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RICHARD F. ALLEN  
COMMISSIONER

March 1, 2006

ADMINISTRATIVE REGULATION  
NUMBER 601

OPR: TREATMENT

## **MENTAL HEALTH FORMS AND DISPOSITION**

### **I. GENERAL**

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes the responsibilities, policies and procedures for mental health forms to document and report Mental Health Services.

### **II. POLICY**

It is the policy of the ADOC that Psychologist and Psychological Associates, contracted mental health staff, security and medical staff will use approved mental health forms in documenting and reporting mental health transactions.

### **III. DEFINITION(S) AND ACRONYM(S)**

This section is not used in this AR.

### **IV. RESPONSIBILITIES**

- A. The Director of Treatment is responsible for developing and updating forms associated with ADOC Mental Health Administrative Regulations.
- B. ADOC Psychologists, Psychological Associates, classification, security staff, and contracted mental health staff are responsible for using authorized forms designated for fulfilling mental health policies.
- C. The contract mental health and medical provider will supply the forms depicted in Annex B, *Medication Administration Record*; C, *Problem List*; E, *Physician Orders*; and F, *Medication Error Report*.

### **V. PROCEDURES**

- A. All ADOC forms shall be completed in ink, signed, and dated.

- B. All corrections shall be initialed and dated by the person making the corrections.
- C. Mental health forms shall be filed in the inmate medical record as shown in Annex D, *Inmate Medical Record Format*.
- D. Requests for changes in mental health forms shall be submitted to the Director of Treatment/designee for consideration.

**VI. DISPOSITION**

Any forms used shall be retained and/or disposed of according to the Department Records Disposition Authority (RDA).

**VII. FORMS**

AR 601, *Mental Health Forms and Disposition*, establishes Mental Health (MH) forms listed in Annex A, *Index of Mental Health Forms*.

**VIII. SUPERCEDES**

This regulation being a new regulation does not supercede any other regulation at this time.

**IX. PERFORMANCE**

- A. The Bradley Agreement, dated August 8, 2000.
- B. National Commission of Correctional Health Care: *Standards for Health Services in Prisons 2003*. (P-A-09).
- C. The Code of Alabama 1975, Section 22-50-11.

  
Richard F. Allen, Commissioner

ANNEX (S):

Annex A, Index of Mental Health Forms  
Annex B, Medication Administration Record  
Annex C, Problem List  
Annex D, Inmate Medical Record Format  
Annex E, Physician Orders  
Annex F, Medication Error Report

## INDEX OF MENTAL HEALTH FORMS

MH FORM NUMBER	FORM TITLE
001	Authorization for Release of Information
002	Inmate Orientation to Mental Health Services
003	Reserved For Future Use
004	Quality Improvement Program: Review of Inmate Suicide or Life-Threatening Attempt
005	New Staff Orientation
006	Staff Training Report: Monthly
007	Staff Training Report: Quarterly
008	Referral to Mental Health
009	Inmate Self-Referral Log
010	Non-Availability of Psychotropic Medication
011	Reception Mental Health Screening Evaluation
012	Reception Mental Health Screening Log
013	Mental Health Code Input
014	Psychological Evaluation Update
015	Psychological Evaluation
016	Intake Form for Substance Abuse
017	Treatment Coordinator Assignment Log
018	Psychiatric Evaluation
019	Abnormal Involuntary Movement Scale (AIMS) (Modified)
020	Psychiatric Medication Consent: Lithium
021	Psychiatric Medication Consent: Antipsychotics
022	Psychiatric Medication Consent: Antidepressants
023	Psychiatric Medication Consent: General
024	Psychotropic Medication Report
025	Psychiatric Progress Notes
026	Housing Unit Temperature Log
027	Emergency Forced Psychotropic Medication Report
028	Involuntary Medication Request
029	Notice of Involuntary Medication Hearing
030	Record of Involuntary Medication Review
031	Mental Health Unit (RTU/SU): Inmates Receiving Involuntary Medication
032	Treatment Plan
033	Correctional Officer Input into RTU/SU Inmate Treatment Planning
034	Treatment Plan Review

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## INDEX OF MENTAL HEALTH FORMS

MH FORM NUMBER	FORM TITLE
035	Outpatient Psychiatric Services Log
036	Outpatient Individual Inmate Contact Log
037	Group Attendance Roster
038	Mental Health Segregation Rounds Log
039	Review of Segregation Inmates
040	Progress Notes
041	Mental Health Consultation to Disciplinary Process
042	Mental Health Watch/Restraint Procedure
043	Reserved for future use
044	Inmate Status/ Precautionary Watch
045	Crisis Cell Utilization
046	Use of Physical Restraints for Mental Health Purposes Monitoring
047	Use of Physical Restraints for Mental Health Purposes (Log)
048	Mental Health Unit (RTU/SU): Admission/Transfer Form
049	Mental Health Unit (RTU/SU): Discharge Summary Form
050	Mental Health Unit (RTU/SU): Discharge/Transfer Form
051	Intensive Psychiatric Stabilization Unit (SU): Inmate Orientation and Expectations
052	Mental Health Unit (RTU/SU): Initial Nursing Assessment
053	Intensive Psychiatric Stabilization Unit: Inmates with Extended Stay
054	Mental Health Unit (RTU/SU): Admission and Discharge Log
055	Intensive Psychiatric Stabilization Unit: Programming Monitoring
056	Mental Health Unit (RTU/SU): Treatment Planning Status
057	Intensive Psychiatric Stabilization Unit: Inmates with Extended Stay Monthly Report
058	Reserved for future use
059	Mental Health Unit: Critical Incidents and Disciplinary Action
060	Mental Health Unit (RTU): Inmate Roster-Last Day of the Month
061	Mental Health Unit (SU): Inmate Roster-Last Day of the Month
062	Residential Treatment Unit (RTU): Inmate Orientation and Expectations
063	Residential Treatment Unit (RTU): Program Monitoring (MHP, AT, Nursing)
064	Record of Sanity Commission Hearing
065	Statement of Sentence
066	Pre-Admission Security Evaluation
067	Pre-admission Statement
068	Reserved for future use
069	Petition for Involuntary Commitment

## INDEX OF MENTAL HEALTH FORMS

MH FORM NUMBER	FORM TITLE
<b>070</b>	Outpatient Services: Monthly Activity Report
<b>071</b>	Intensive Psychiatric Stabilization Unit (SU): Monthly Activity Report
<b>072</b>	Residential Treatment Unit (RTU): Monthly Activity Report
<b>073</b>	System-wide Outpatient Services: Monthly Activity Report
<b>074</b>	System-wide Intensive Psychiatric Stabilization Unit (SU): Monthly Activity Report
<b>075</b>	System-wide Residential Treatment Unit (RTU): Monthly Activity Report
<b>076</b>	Monthly Report of Psychological Activities
<b>077</b>	Intensive Psychiatric Stabilization Unit: Transfers to State Psychiatric Hospital

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# INMATE MEDICAL RECORD FORMAT

## LEFT SIDE TOP

### Problem List – Yellow Paper – 60108 AL

ADOC MH-032, Treatment Plan  
ADOC MH-033, Correctional Officer Input Into RTU/SU Inmate Treatment Planning  
ADOC MH-034, Treatment Plan Review  
DNR Forms (look in CHOICES manual)  
Living Will  
Advance Directive

### Under Chronic Tab

All Chronic Care Forms (Nurse/MD)

Diabetic - Physician	60517 - AL
Diabetic - Nurse	60518 - AL
CV/HTN - Physician	60519 - AL
CV/HTN - Nurse	60520 - AL
Seizure - Physician	60521 - AL
Seizure - Nurse	60522 - AL
Pulmonary - Physician	60523 - AL
Pulmonary - Nurse	60524 - AL
TB - Physician	60525 - AL
TB - Nurse	60526 - AL

Extra Progress Notes (Form #60111)

### Diabetic Record #CAL - 5B1

Monofilament Testing For Diabetics (Form 60516-AL)  
Annual Diabetic Check List (Form 60514-AL)  
Diabetic Intake Screening (Form 60515-AL)

### Under History and Physical Tab

Yearly Health Evaluation/Notification of Next of Kin (Form 60513-AL)  
Special Diet Request #60130  
Kitchen Clearance Physical Assessment #70042  
Intake Health Evaluation (Form 60511-AL)  
Identification of Special Needs #GLF1005  
TB Screening Form (Form 60512-AL)  
Intake Screening/Notification of Next of Kin (Form 60412-AL)

## RIGHT SIDE TOP

### Physicians Orders

#### **Physician Order #60110**

Discharge Instruction Sheet #70060 (if inmate released from prison)

### Doctor Progress Notes Tab

#### **Progress Notes #60111**

### Nursing Progress Notes Tab

#### **Sick Call Request #GLF1002**

Progress Notes #60111  
Transfer Receiving Screening Form #70009  
Emergency (Body Man – Non Schedule Event) #70007

### Under Medication Administration Tab

Non-formulary Pharmacy Request Form (PHS) MAR (medication administration form) #Secure Pharmacy Plus  
Self Medication Administration (KOP) Forms  
**Refusal of Treatment Form #70108**

### Under Consultation Tab

#### **UM Referral Review Forms #2/05/04**

Emergency Room Referral #70062  
Confidential Medical Data #60109  
Off-site Visit Reports (to exclude x-ray reports)  
Consultation Request Forms #60136  
Eye-Chart #70029

### Under Lab/X-Ray/EKG Tab

#### **STAPLE EVENT FORMS TOGETHER**

#### ***Short Stay Record***

23-PHS Infirmary -#70048

### Under Hospital Tab

Emergency Room Records - Free World

■ End of Right Side ■

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# INMATE MEDICAL RECORD FORMAT

## LEFT SIDE CONTINUED

### Psychiatric and Psychological Reports

ADOC MH-002, Inmate Orientation to Mental Health Services  
ADOC MH-008, Referral to Mental Health  
ADOC MH-011, Reception Mental Health Screening Evaluation  
ADOC MH-014, Psychological Evaluation Update  
ADOC MH-015, Psychological Evaluation  
ADOC MH-016, Intake Form for Substance Abuse  
ADOC MH-018, Psychiatric Evaluation  
ADOC MH-019, Abnormal Involuntary Movement Scale (AIMS) (Modified)  
ADOC MH-020, Psychotropic Medication Consent: Lithium  
ADOC MH-021, Psychotropic Medication Consent: Antipsychotics  
ADOC MH-022, Psychotropic Medication Consent: Antidepressants  
ADOC MH-023, Psychotropic Medication Consent: General  
ADOC MH-024, Psychotropic Medication Report  
ADOC MH-025, Psychiatric Progress Notes  
ADOC MH-027, Emergency Forced Psychotropic  
ADOC MH-028, Involuntary Medication Request  
ADOC MH-029, Notice of Involuntary Medication Hearing  
ADOC MH-030, Record of Involuntary Medication Review  
ADOC MH-039, Review of Segregation Inmates  
ADOC MH-040, Progress Notes  
ADOC MH-041, Mental Health Consultation to the Disciplinary Process  
ADOC MH-042, Mental Health Watch/Restraint Procedure  
ADOC MH-044, Inmate Status/Precautionary Watch  
ADOC MH-046, Use of Physical Restraints for Mental Health Purposes Monitoring  
ADOC MH-048, Mental Health Unit (RTU/SU): Admission/Transfer Form  
ADOC MH-049, Mental Health Unit (RTU/SU): Discharge Summary Form  
ADOC MH-050, Mental Health Unit (RTU/SU): Discharge/Transfer Form  
ADOC MH-052, Mental Health Unit (RTU/SU): Initial Nursing Assessment  
ADOC MH-053, Intensive Psychiatric Stabilization Unit: Inmates with Extended Stay  
ADOC MH-064, Record of Sanity Commission Hearing  
ADOC MH-065, Statement of Sentence  
ADOC MH-066, Pre-Admission Security Evaluation  
ADOC MH-067, Pre-Admission Statement  
ADOC MH-069, Petition For Involuntary Commitment

Mental Health Workshop certificate copies

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# INMATE MEDICAL RECORD FORMAT

LEFT SIDE CONTINUED

## Under Other Documents Tab

Segregation Health Log (60527-AL)  
Treatment Record and/or Blood Pressure Log (60529-AL)  
Special Needs Communication #60418  
Informed Consent to Medical Services #60104 (suture, I & D, invasive)  
Refusal of Treatment Form #70108  
Non-compliance Notice #70057  
Authorization of PHS to Release Medical Records #60137  
ADOC Form MH-001, Authorization for Release of Information  
Release of Responsibility #60115  
Refusal to Submit to Treatment #70032  
Receipt of Medical Equipment (eye glasses, dentures, appliances) #70005  
Medical Restraint Form (if used)  
Hunger Strike Forms (if used)  
Progress Notes #60111 (extra)

## Infirmary In-Patient Record - PHS Infirmary

### STAPLE EVENT FORMS TOGETHER

Infirmary Admission #70050  
Inpatient History and Physical #70020  
Infirmary Assessment Sheet #PHIL110  
Daily Patient Assessment Sheet #70055  
24 Hour In-take/Out Put #70059  
Vital Signs Flow Sheet #70063  
Flow Chart for Alcohol Drug Withdrawal #60120  
Progress Notes #60111  
Infirmary Nursing Progress Notes #70049  
Flow Sheet #70028  
Hunger Strike Forms (if used)  
Infirmary Discharge #70051

## In-Patient Hospital Records -Free World

### STAPLE EVENT FORMS TOGETHER

Authorization for Release of Information #60102

FILING ORDER TOP TO BOTTOM MOST RECENT DATE ALWAYS ON TOP AND  
DESCENDING CHRONOLOGICAL ORDER

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## PHYSICIAN ORDERS

Name: _____ Cell: _____ D.O.B. ____/____/____ Allergies: _____ _____ <b>Use Fourth    Date:</b> ____/____/____	DIAGNOSIS: (If Changed) _____ _____ _____ ð GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
Name: _____ Cell: _____ D.O.B. ____/____/____ Allergies: _____ _____ <b>Use Third    Date:</b> ____/____/____	DIAGNOSIS: (If Changed) _____ _____ _____ ð GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
Name: _____ Cell: _____ D.O.B. ____/____/____ Allergies: _____ _____ <b>Use Second    Date:</b> ____/____/____	DIAGNOSIS: (If Changed) _____ _____ _____ ð GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
Name: _____ Cell: _____ D.O.B. ____/____/____ Allergies: _____ _____ <b>Use First    Date:</b> ____/____/____	DIAGNOSIS: (If Changed) _____ _____ _____ ð GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED

SAMPLE

Disposition: Inmate Medical Record, right side and Pharmacy

ADOC AR: 617,631

Annex E to AR 601

# MEDICATION ERROR REPORT

Name and title of person making error: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Inmate name & ID# \_\_\_\_\_

Type of error (check all appropriate):

_____ wrong inmate	_____ wrong mode of administration
_____ wrong dose	_____ omitted
_____ wrong time	_____ transcription error
_____ wrong medication	_____ dispensing error
_____ illegible	_____ cross-reactivity

other: \_\_\_\_\_

Physician notified: \_\_\_\_\_ Date & Time: \_\_\_\_\_

Description of Medication Error (include name(s) and dose(s) of medication involved, how error was discovered, cause of error and action taken).

**SAMPLE**

Signature & Status of person completing report

Date & time

Supervisor's Evaluation (include cause and corrective action taken to prevent or minimize future errors of this nature).

Signature & Title

Date & Time

Disposition: Director of Treatment, Quality Improvement

Reference: ADOC AR 617

Annex F to AR 601