

OKLAHOMA DEPARTMENT of CORRECTIONS
MEDICAL SERVICES
MEDICAL PAROLE EVALUATION

THE FOLLOWING SECTION WILL BE COMPLETED BY FACILITY MEDICAL STAFF:

INMATE NAME _____ ODOC NUMBER _____
DATE OF BIRTH _____ AGE _____ GENDER _____
FACILITY _____ DATE OF RECEPTION _____

Append copy of:

"Oklahoma Department of Corrections Authorization for Release of Protected Health Information" Form (DOC 140108A)

Insert: *"Medical Parole/Commutation Clinical Recommendation" from E.H.R.*

"Medical Parole/Commutation Discharge Residence and Medical Resources" from E.H.R.

THE FOLLOWING SECTION WILL BE COMPLETED BY THE CHIEF MEDICAL OFFICER

Recommend ☐ ☐ Do Not Recommend This inmate for consideration for a medical parole.

Signature of Chief Medical Officer

Date

If recommended, scan form and attachment(s) to the Manager of Sentence Administration, Offender Records and Registries.

THE FOLLOWING SECTION WILL BE COMPLETED BY SENTENCE ADMINISTRATION STAFF:

Append copy of:

Recent NCIC

Consolidated Record Card (DOC 060211H)

Current Controlling Case(s):

Consecutive Case(s):

Sentenced to Life without Parole? YES ☐ NO ☐

Based upon the review of the inmate's current cases, is the inmate eligible for medical parole as

outlined in OP-060205 "Parole Process Procedures" YES ☐ NO ☐

If no, reason for ineligibility _____

If yes, continue with below information:

Warrants? YES ☐ NO ☐

Detainers? YES ☐ NO ☐

List any warrants and/or detainers and indicate the disposition of each:

Prior Criminal History:

Summary of Inmate's Disciplinary Record:

LSI-R Risk Score (if available):

_____ 0 – 18, Low Risk of Reoffending _____ 19 – 28, Moderate Risk for Reoffending _____ 29 – 54, High Risk for Reoffending

Assessed/Completed Case Plan Needs:

Parole Hearing Date: _____

Additional Information:

Signature of Manager of Sentence Administration, Offender Records and Registries

Date

If Eligible: Forward to Chief Medical Officer, Parole Process Unit and Facility Head

If Ineligible: Forward to Chief Medical Officer

THE FOLLOWING SECTION WILL BE COMPLETED BY THE FACILITY HEAD

Concur with recommendation for Medical Parole Consideration?: Yes ☐ No ☐

If no, describe how the inmate poses an unreasonable threat to public safety:

Signature of Facility Head/Designee

Date

Forward to the applicable Chief Administrator of Institutions/Chief Administrator of Community Corrections and Contract Services

THE FOLLOWING SECTION WILL BE COMPLETED BY THE CHIEF ADMINISTRATOR OF INSTITUTIONS/CHIEF ADMINISTRATOR OF COMMUNITY CORRECTIONS AND CONTRACT SERVICES

Concur with facility head recommendation for Medical Parole Consideration?: Yes ☐ No ☐

If no, reason(s) for disagreement:

Signature of Chief Administrator of Institutions/Chief Administrator of Community Corrections and Contract Services

Date

THE FOLLOWING SECTION WILL BE COMPLETED BY THE CHIEF OF OPERATIONS

Concur with recommendation for Medical Parole Consideration?: Yes ☐ No ☐

Signature of Chief of Operations

Date

Forward to the Chief of Staff

THE FOLLOWING SECTION WILL BE COMPLETED BY THE CHIEF OF STAFF

Concur with recommendation for Medical Parole Consideration?: Yes ☐ No ☐

Signature of Chief of Staff

Date

THE FOLLOWING SECTION WILL BE COMPLETED BY THE DIRECTOR

Concur with recommendation for Medical Parole Consideration?: Yes ☐ No ☐

Signature of Director

Date