OKLAHOMA DEPARTMENT of CORRECTIONS
MENTAL HEALTH SERVICES
TREATMENT RECOMMENDATIONS UPON PAROLE

Inmate Name: _____ ODOC number: _____

Date of Birth: _____ Age: _____ Gender: _____

QMHP: _____ Facility: _____

Mental Health Service Level Classification: _____

Recommended Level of Care Upon Parole:

_____ Inpatient (Voluntary or Involuntary)

_____ Day Treatment

_____ Intensive Outpatient (e.g., PACT, RICCT)

_____ Outpatient

_____ Other:

_____

_____

Additional Treatment Recommendations:

_____ Concurrent Substance Abuse Treatment

_____ Ongoing Monitoring of Medication Adherence

_____ Community Based Support Group

Additional Information:

_____

_____

Signature of QMHP _____ Date _____

(R 07/22)