

OKLAHOMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH TRANSFER REQUEST

Date: _____ Time: _____

Requesting Facility: _____ Requesting QMHP: _____

Inmate Name: _____ ODOC #: _____

Security Level: ☐ Halfway House ☐ Community ☐ Minimum ☐ Medium ☐ Maximum

Current "Individual Health Activity Profile (IHAP)" completed: ☐ Yes ☐ No (IHAP must accompany all "Mental Health Transfer Requests")

MH Level: MH _____

Primary Diagnosis: _____

Severity Classification: ☐ Mild ☐ Moderate ☐ Severe

Secondary Diagnosis: _____

Severity Classification: ☐ Mild ☐ Moderate ☐ Severe

Clinical Justification for Transfer: _____

Requires Lower Bunk: ☐ Yes ☐ No Requires Lower Rung/Level: ☐ Yes ☐ No

Emergency transfer: ☐ Yes ☐ No If "Yes" state reason: _____

Can inmate be transported by Central Transport Unit: ☐ Yes ☐ No **Note:** If inmate is wheelchair bound, she/he cannot be transported by CTU

* Mental Health Transfer Request" is to be completed in the inmate's EHR. Assign the transfer request to the Chief Mental Health Officer and/or Deputy Chief Mental Health Officer. Send a corresponding email to the Chief Mental Health Officer and/or Deputy Chief Mental Health Officer that a "Mental Health Transfer Request" has been submitted.

Fax the completed "Mental Health Transfer Request" to 405-425-2911 and send a corresponding email notifying the Chief Mental Health Officer and/or Deputy Chief Mental Health Officer, that a transfer request has been faxed.

* If mental health move has not occurred within two weeks contact the Mental Health Division at 405-425-7098.

To be filled out by Mental Health Services Central Office:

Received by: _____ Date: _____

Mental Health transfer approved: ☐ Yes ☐ No If "No" state reason: _____

Comments: _____

Facility transferred to: _____ Date faxed to receiving provider: _____

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