

**Mental Health Unit, Intermediate Care Housing Unit, or Habilitation Program
EVALUATION SUMMARY**

Evaluated at: ☐ JHCC ☐ MBCC

For: ☐ MHU (Medium) ☐ MHU (Maximum) ☐ ICHU ☐ HP

Referring QMHP/facility: _____

Inmate Name	ODOC #	DOB
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Current mental health service level classification: ☐ B ☐ C2 ☐ C1 ☐ D

Returning to: _____ # days in observation/evaluation: _____

Behavior observed during observation/evaluation period: _____

Intervention and assistance provided during observation/evaluation period: _____

Clinical assessment: _____

DSM diagnoses: _____

Inmate was involuntarily medicated during observation/evaluation period: ☐ Yes ☐ No

If yes, check one: ☐ Emergency ☐ Non-emergency ☐ Both

Reason(s) for not admitting inmate to MHU/ICHU/HP: _____

Recommendations for management or treatment: _____

Evaluated by:

QMHP

Date