

**OKLAHOMA DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH UNIT INTAKE**

**SUBJECTIVE DATA:**

1. **Presenting Problem:** \_\_\_\_\_  
\_\_\_\_\_
2. **Problems:** (check all that apply)  
☐ Depression    ☐ Anger    ☐ Anxiety    ☐ Psychosis    ☐ Other: \_\_\_\_\_
3. **Personal History:** (check all that apply)  
☐ Family    Comment: \_\_\_\_\_  
☐ Interpersonal    Comment: \_\_\_\_\_  
☐ Substance Abuse    Comment: \_\_\_\_\_  
☐ Psychiatric (including bipolar)    Comment: \_\_\_\_\_  
☐ Medical    Comment: \_\_\_\_\_  
☐ Other    Comment: \_\_\_\_\_

**PREA INFORMATION:**

1. **Have you engaged in consensual sex while in prison?**  
☐ Yes    ☐ No    If "Yes" Comment: \_\_\_\_\_
2. **Has an inmate approached you for sex?**  
☐ Yes    ☐ No    If "Yes" Comment: \_\_\_\_\_
3. **Have you approached an inmate for sex?**  
☐ Yes    ☐ No    If "Yes" Comment: \_\_\_\_\_
4. **Any history of victimization / perpetration at another facility?**  
☐ Yes    ☐ No    If "Yes" Comment: \_\_\_\_\_
5. **Potential to be a perpetrator?**  
☐ Yes    ☐ No    If "Yes" Comment: \_\_\_\_\_
6. **Susceptibility to being victimized?**  
☐ Yes    ☐ No    If "Yes" Comment: \_\_\_\_\_

**SEXUAL HISTORY:**

1. **Any sexual dysfunction diagnosis?**  
☐ Yes    ☐ No    If "Yes" Comment: \_\_\_\_\_
2. **History of perpetration prior to prison?**  
☐ Yes    ☐ No    If "Yes" Comment: \_\_\_\_\_
3. **History of victimization prior to prison?**  
☐ Yes    ☐ No    If "Yes" Comment: \_\_\_\_\_
4. **Does this inmate act in a predatory, controlling, intimidating manner?**  
☐ Yes    ☐ No    If "Yes" Comment: \_\_\_\_\_
5. **Does this inmate act in a manner which would make him vulnerable?**  
☐ Yes    ☐ No    If "Yes" Comment: \_\_\_\_\_
6. **Is this inmate a sex inmate?**  
☐ Yes    ☐ No    If "Yes" Comment: \_\_\_\_\_

QMHP: \_\_\_\_\_

DATE: \_\_\_\_\_

Inmate Name: \_\_\_\_\_

ODOC #: \_\_\_\_\_

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**RISK MANAGEMENT INTERVIEW**

1. Reason for referral: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Interview data: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. **Personal History:** (check all that apply)

- ☐ High Risk Disorder Comment: \_\_\_\_\_
- ☐ Substance Abuse Comment: \_\_\_\_\_
- ☐ Co-Morbidity Comment: \_\_\_\_\_
- ☐ Influence of the Disorder Comment: \_\_\_\_\_

Additional information: \_\_\_\_\_

4. **Suicidal History:**

- ☐ Yes ☐ No If "Yes" number of attempts: \_\_\_\_\_ When: \_\_\_\_\_

Consequences-lessons (ends vs means) \_\_\_\_\_  
 \_\_\_\_\_

Additional information: \_\_\_\_\_

5. **Emotional Dysregulation:** (check all that apply)

- ☐ Typically reactive and aggressive acting out Comment: \_\_\_\_\_
- ☐ Reflexive anger to emotional threat Comment: \_\_\_\_\_
- ☐ Easily provoked (anger attacks) Comment: \_\_\_\_\_
- ☐ Other Comment: \_\_\_\_\_

Additional information: \_\_\_\_\_

6. **Family History:**

- ☐ None
- ☐ Psychiatric hospitalization
- Diagnosis: \_\_\_\_\_
- Who: \_\_\_\_\_
- When: \_\_\_\_\_
- Relationship - impact: \_\_\_\_\_

Additional information: \_\_\_\_\_  
 \_\_\_\_\_

7. **Environmental Stressors:** (check all that apply)

- ☐ None
- ☐ Immediate external stressors Comment: \_\_\_\_\_

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☐ Meaningful loss    Comment: \_\_\_\_\_

☐ Internal stressors (depression-psychic pain)    Comment: \_\_\_\_\_

Additional information: \_\_\_\_\_

**8. Environmental Support:** (protective factors):

☐ None

☐ Family-friends    Comment: \_\_\_\_\_

☐ System-organizations    Comment: \_\_\_\_\_

☐ Institutions-agencies    Comment: \_\_\_\_\_

☐ Available-reliable    Comment: \_\_\_\_\_

Additional information: \_\_\_\_\_

**9. Intent to Die:** (check all that apply)

☐ None

☐ Motivation (ends vs means)    Comment: \_\_\_\_\_

☐ Bring about death    Comment: \_\_\_\_\_

☐ Obtain secondary gain    Comment: \_\_\_\_\_

Additional information: \_\_\_\_\_

**10. Knowledge of Means:** (check all that apply)

☐ First hand (seeking information)    Comment: \_\_\_\_\_

☐ Second hand (training/occupation)    Comment: \_\_\_\_\_

Additional information: \_\_\_\_\_

**11. Access to Means:**

☐ None

☐ Availability of means    Comment: \_\_\_\_\_

☐ Efforts to acquire means    Comment: \_\_\_\_\_

Additional information: \_\_\_\_\_

**12. Plan or Method:** (check all that apply)

☐ None

☐ Choices vs access to means    Comment: \_\_\_\_\_

☐ Organized    Comment: \_\_\_\_\_

☐ Avoid discover-limit intervention    Comment: \_\_\_\_\_

☐ Lessons learned    Comment: \_\_\_\_\_

Additional information: \_\_\_\_\_

**13. Current Psychiatric Disorder:** (check all that apply)

☐ Observed symptoms    Comment: \_\_\_\_\_

☐ Current disorder    Comment: \_\_\_\_\_

Additional information: \_\_\_\_\_

**14. Suicidal Ideation/Verbal Content:** (check all that apply)

QMHP: \_\_\_\_\_

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- ☐ Direct verbal statements/threats Comment: \_\_\_\_\_
- ☐ Indirect statements (psychic pain) Comment: \_\_\_\_\_
- ☐ Specificity of suicidal thinking (emotional control) Comment: \_\_\_\_\_
- Additional information: \_\_\_\_\_

**15. Cognitive Style:** (check all that apply)

- ☐ Dysfunctional assumptions and attitudes Comment: \_\_\_\_\_
- ☐ Perfectionism Comment: \_\_\_\_\_
- ☐ Poor self-image Comment: \_\_\_\_\_
- ☐ Dichotomous Comment: \_\_\_\_\_
- ☐ Rigid thinking Comment: \_\_\_\_\_
- ☐ Poor problem solving (ineffective strategies) Comment: \_\_\_\_\_
- ☐ Depressionogenic thinking Comment: \_\_\_\_\_
- ☐ Poor future expectations Comment: \_\_\_\_\_
- ☐ Hopelessness Comment: \_\_\_\_\_

Additional information: \_\_\_\_\_

**16. Psychological Factors:**

- ☐ Low risk      ☐ Moderate risk      ☐ High risk

Additional information: \_\_\_\_\_

**17. Recommendations:** (check all that apply)

- ☐ Therapeutic seclusion      ☐ Suicide watch/precautions      ☐ Hospitalization      ☐ Recurrent evaluation
- ☐ Increased visits      ☐ Refer for evaluation      ☐ Periodic follow-up      ☐ Peer consultation
- ☐ Other \_\_\_\_\_

Additional information: \_\_\_\_\_

**OBJECTIVE DATA**

1. Appearance: \_\_\_\_\_
2. Hygiene: \_\_\_\_\_
3. Movement: \_\_\_\_\_
4. Consciousness: \_\_\_\_\_
5. Approach: \_\_\_\_\_
6. Eye contact: \_\_\_\_\_
7. Speech: \_\_\_\_\_
8. Articulation: \_\_\_\_\_
9. Expression: \_\_\_\_\_
10. Short-term memory: \_\_\_\_\_
11. Long-term memory: \_\_\_\_\_
12. Thought content: \_\_\_\_\_
13. Orientation: \_\_\_\_\_

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14. Concentration: \_\_\_\_\_

15. Insight: \_\_\_\_\_

16. Affect: \_\_\_\_\_

17. Mood: \_\_\_\_\_

18. IQ Estimate:

☐ Above average      ☐ Average      ☐ Low average      ☐ Borderline      ☐ Below average

Additional information: \_\_\_\_\_

**ASSESSMENT**

1. Problems: (list) \_\_\_\_\_

\_\_\_\_\_

2. DSM Diagnosis: \_\_\_\_\_

\_\_\_\_\_

QMHP: \_\_\_\_\_

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