February 8, 2016

TO: WARDENS
DIVISION DIRECTORS
HEADS OF STATE AGENCIES
ADMINISTRATIVE REGULATION 601
ADMINISTRATIVE REGULATION MONITORS

CHANGE #2

MENTAL HEALTH FORMS AND DISPOSITION

PURPOSE: To change the Office of Primary Responsibility and update responsibilities, procedures, forms and annexes to reflect current practices.

CHANGES TO BE MADE:

Reference: AR 601, Mental Health Forms and Disposition, dated March 1, 2006.

Action Required:

OPR: Delete Treatment and replace with Health Services

IV. Responsibilities, C
Delete this statement: The contract mental health and medical provider will supply the forms depicted in Annex B, Medication Administration Record; C, Problem List; E, Physician Orders; and F, Medication Error Report.

Replace with this statement: The contract mental health and medical provider will supply the forms depicted in Annex B, Medication Administration Record; C, Health Record - Master Problem List; E, Physician Orders; and F, Medication Error Report.

V. Procedures, C
Delete this statement: Mental health forms shall be filed in the inmate medical record as shown in Annex D, Inmate Medical Record Format.

Replace with this statement: Mental health forms shall be filed in the inmate medical record as shown in Annex D, Health Record Filing Format.
IX. Performance, B


Annex A, Index of Mental Health Forms


Replace ADOC Form MH-011, Reception Mental Health Screening Evaluation, dated November 14, 2005 with revised ADOC Form MH-011, Reception Mental Health Screening Evaluation – Intake Form 1, dated October 15, 2015.


Replace ADOC Form MH-014, Psychological Evaluation Update, dated November 14, 2005 with revised ADOC Form MH-014, Psychological Evaluation Update, dated November 2015.


Add ADOC Form MH-019RA, the Abnormal Involuntary Movement Scale (AIMS)-Modified, Repeated Assessment, dated September 15, 2014.


Annex C, Problem List


Annex D, Inmate Medical Record Format

Replace Annex D to AR 601, Inmate Medical Record Format, dated March 1, 2006 with Annex D to AR 601, Health Record Filing Format Revised, dated September 2014.

File this numbered change at the back of the regulation after annotating both the index and the regulation to indicate changes have been completed.

Advise all personnel in your organization of the change to this regulation.
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Annex A to AR 601
Page 3 of 3 – November 03, 2015
Alabama Department of Corrections
Reception Mental Health Screening Evaluation – Intake Form 1

Institution: ___________________________ Date Time Inmate Received: ___________________________

Date Time of Screening: ___________________________ Signature/Title of Screener: ___________________________

MENTAL HEALTH TREATMENT PRIOR TO ENTERING THE ADOC:

Yes No Psychotropic medication: ________________________________________________________________

Yes No Medication turned over to ADOC upon arrival? ______________________________________________

Yes No Mental health follow-up in last 90 days: ____________________________________________________

Yes No Suicide/self-harm attempt in last 90 days: _________________________________________________

MENTAL HEALTH HISTORY  Does inmate report a history of the following (if yes, provide details):

Yes No Outpatient treatment: _________________________________________________________________

Yes No Inpatient treatment: _________________________________________________________________

Yes No Psychotropic medication: ______________________________________________________________

Yes No Suicidal attempts: ________________________________________________________________

Yes No Suicidal thoughts: _________________________________________________________________

Yes No Head injury: _________________________________________________________________

Yes No Seizures: _________________________________________________________________

Yes No Violent behavior: ______________________________________________________________

Yes No Substance abuse: _________________________________________________________________

Yes No Substance abuse treatment: __________________________________________________________

Yes No Special education classes: __________________________________________________________

INMATE SELF-REPORT OF CURRENT STATUS:

Yes No First incarceration (reaction): __________________________________________________________

Yes No Report: family support: ______________________________________________________________

Yes No Reports: significant depression/resume: ________________________________________________

Yes No Thinking about suicide: ______________________________________________________________

Yes No Has plan for suicide: ________________________________________________________________

Yes No Possible to implement suicide plan: ____________________________________________________

Yes No Reports: hallucinations: ______________________________________________________________

BEHAVIORAL OBSERVATIONS:

_____ Poor eye contact _____ Poor hygiene _____ Unable to pay attention _____ Unresponsive

_____ Disoriented _____ Anxious _____ Unable to follow directions _____ Unable to read

_____ Crying _____ Memory deficit _____ Signs of self-mutilation _____ Afraid

_____ Illogical speech content _____ Appears to be hearing voices or seeing things _____ Paranoid

_____ Hostile _____ Other unusual behavior: ______________________________________________________

DISPOSITION/PLACEMENT RECOMMENDATION (based on reception mental health screening):

Routine housing Emergency mental health referral

Mental health follow-up but not emergency Crisis cell placement recommended

Current psychotropic meds verified Interim supply ordered

Inmate Name: ___________________________ AIS #: ___________________________

ADOC – OHS – Mental Health Services
Disposition: Inmate Medical Record

Reference: ADOC AR: 610, 612, 635

ADOC Form MH-011 – Revised: October 15, 2015
**ALABAMA DEPARTMENT OF CORRECTIONS**  
MENTAL HEALTH SERVICES

**MENTAL HEALTH CODE INPUT**

<table>
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**Mental Health Classifications - See AR 613 for further details.**

- **MH-0:** May transfer anywhere in or out of state.
- **MH-1:** Clear to transfer to and within and ADOC operated institution. On no mental health medication.
- **MH-1a:** Clear to transfer to an ADOC Community Work Center. Clear to transfer to and within any ADOC operated institution.
- **MH-1b:** Clear to transfer to an ADOC Work Release. Clear to transfer to and within any ADOC operated institution.
- **MH-1c:** Clear to transfer to and within and ADOC operated Major institution with a 24/7 health care unit on-site.
- **MH-2:** Clear to transfer to and within and ADOC operated institution with a 24/7 health care unit on-site.
- **MH-3:** House in ADOC Residential Treatment Unit; Open dorm; RTU levels 3 and 4.
- **MH-3a:** House in ADOC Residential Treatment Unit; Closed dorm; RTU levels 1 and 2.
- **MH-4:** House in ADOC Residential Treatment Unit; Closed dorm.
- **MH-5:** House in Intensive Psychiatric Stabilization Unit (Males: Bullock CSU; Females: Tutwiler CSU).
- **MH-6:** House in Intensive Stabilization Unit or Free-World Hospital Services.
- **MH-9:** Mental Health Hold invoked: Do not transfer from housing assignment.

Staff Completing Data Input: ___________________________  

Date: ___________________________

Disposition: Contract Mental Health Clerk or designee

Reference: ADOC AR. 613, 615  
ADOC Form MH-013 November, 2015
Classification Notification Form

Mental Health Code

Institution: ___________________________ Date: ____________

Inmate Name: _________________________ AIS#: ____________

Code to be entered (circle): MH-0
MH-1, MH-1(a), MH-1(b), MH-1(c)
MH-2
MH-3, MH-3(a)
MH-4
MH-5
MH-6
MH-9

* Update the code on the Master Problem List.
* Give this completed form to your mental health clerk.

Provider Signature ___________________________ Date ____________

Mental Health Clerk:

*Enter code into ADOC computer system.
*Give this Notification Form to the institution Classification Supervisor.

Mental Health Clerk Signature ___________________________ Date ____________

Disposition: Classification Supervisor
Not for Health Record File

Reference: ADOC AR 613
ADOC Form: MH-013A
Revised: 10/2015
STATE OF ALABAMA
DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES

PSYCHOLOGICAL EVALUATION UPDATE

Name: ___________________________ AIS#: ___________________________ R/S: ___________________________

Date: __/__/____ Date of Birth: __/__/____ Age: __________

This inmate was last evaluated by ADOC psychology staff member ______________________ on __/__/____/____. This inmate was recommended for participation in __________________________

The following observations and recommendations are made as a result of the current interview:

Mental Health Code: 0, 1, 1a, 1b, 1c, 2, 3, 3a, 4, 5, 6, 9

I. Educational Needs:
   a. ABE  b. Special Education  c. Trade School  d. Junior College  e. Life Skills

II. Mental Health Needs

Date referred to psychiatrist: __/__/____

III. RECOMMENDATIONS/REMARKS: (include accommodations needed for the visual, hearing impaired and other disabilities)

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Evaluation Completed by: ___________________________ Date: ___________________________

Psychologist/Psychological Associate

Disposition: Data Entry to Central Records, Institutional Inmate File, Inmate Medical Record

Reference ADOC AR. 612, 613
ADOC Form MH 014 - November, 2015
(Previously Form N-259A)
STATE OF ALABAMA
DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES

PSYCHOLOGICAL EVALUATION

Name: ___________________________ AIS#: __________________ R/S: _______

Date: ___ / ___ / ___ Date of Birth: ___ / ___ / ___ Age: __________

Beta III: _______ WAIS: ___ / ___ / ___ WRAT-RL: _______

Last School Grade Completed: __________ Special Education Classes: □ Yes □ No Type: _______

MMPI Welsh Code: ___________________________

Mental Health Code: 0, 1, 1a, 1b, 1c, 2, 3, 3a, 4, 5, 6, 9

General Appearance

a. Neat and generally appropriate
b. Poorly groomed
c. Flat or avoiding interaction
d. Sad or worried

Other: ___________________________

I. Interpersonal Functioning

a. Normal-good relationships likely
b. Withdrawn/apparent loner
c. Likely to ignore rights/needs
d. Lacks skill or confidence
e. Probably difficult to get along with

f. Other:

1. Explosive/manipulative
2. Weak/vulnerable
3. Passive/unassertive
4. Aggressive/Dominant
5. Retaliates
6. _______

II. Personality

a. Healthy
b. Antisocial
c. Paranoid
d. Explosive
e. Dependent

f. Passive-Aggressive
g. Other:

1. Schizoid
2. Schizotypal
3. Histrionic
4. Narcissistic
5. Borderline
6. Avoidant
7. Compulsive
8. Atypical/mix
9. _______

III. Substance Abuse

a. Alcohol addiction/abuse history:

b. Drug addiction/abuse history:

Disposition: Data Entry to Central Records, Inmate Medical Record, Institutional Inmate File

Reference: ADOC AR: 612, 613
ADOC Form MH-015 – November, 2015
(Previously Form N-239)
Page 1 of 4
PSYCHOLOGICAL EVALUATION (Continued)

Inmate Name: ________________________

___ c. Current or most recent use: ________________________

___ d. Current Addictions: ________________________

___ e. Other:
   1. In remission 6 months or less  5. Drug use/denies dependency
   2. In remission more than one year  6. Alcohol use/denies dependency
   3. In remission more than one year  7. OBS-drug/alcohol induced
   4. In remission only due to incarceration  8. Other: ________________________

IV. Emotional Status

___ a. No significant problems
___ b. Depressed ________________________

___ c. Anxious or stressful ________________________

___ d. Angry or resentful ________________________

___ e. Confusion or psychotic symptoms ________________________

___ f. Mood disturbances ________________________

___ g. Sexual maladjustment ________________________

History of sex offenses?  □ Yes  □ No  List: ________________________

___ h. Paranoid ideation ________________________

___ i. Sleep/appetite disorder ________________________

___ j. Other:

Disposition: Data Entry to Central Records, Inmate Medical Record, Institutional Inmate File

Reference: ADOC AR: 612, 613
ADOC Form MH-015 - November, 2015
(Previously Form N-259)
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PSYCHOLOGICAL EVALUATION (Continued)

V. Mental Deficiency

____ Mild (50-70) _____ Borderline (70-80)
____ Moderate (35-50) _____ Organic impairment suspected
____ Severe (20-35) _____ Memory Deficit

Remarks: _____________________________________________________________

Emotional response to incarceration: _____________________________________

VI. Mental Health

____ a. Outpatient treatment (dates/where)

______________________________________________________________

____ b. Inpatient treatment (dates/where)

______________________________________________________________

____ c. Psychotropic medication (type/effectiveness)

______________________________________________________________

____ d. Family history of mental illness

______________________________________________________________

VII. Management Problems

____ a. Suicide potential Ideation Yes No Plans? Yes No

History of attempt/gestures__________________________________________

______________________________________________________________

____ b. Serious mental illness (specify)

______________________________________________________________

____ c. Impulsive/acting out behaviors predicted

______________________________________________________________

____ d. Authority Conflict

______________________________________________________________

____ e. Manipulative/untrustworthy

______________________________________________________________

____ f. Easily victimized

______________________________________________________________

Disposition: Data Entry to Central Records, Inmate Medical Record, Institutional Inmate File

Reference: ADOC AR: 612, 613
ADOC Form MH-015 - November, 2015
(Previously Form N-259)
Page 3 of 4
PSYCHOLOGICAL EVALUATION (Continued)

Name: __________________________

____ g. Escape potential________________________________________________________

h. Assaultiveness  _____________________________________________________________

i. Other:


3. Aged and infirm 6. Potential substance abuse in unsupervised situations

History of expressive violence?  Yes  No List: ________________________________

VIII. Educational Needs

a. ABE/GED  b. Special Education  c. Trade School  d. Junior College

e. Life Skills

IX. Mental Health Needs

a. Refer to psychiatrist  e. Sexual adjustment  i. Self-concept enhancement

b. Substance abuse counseling  f. Reality therapy  j. Healthy use of leisure time

c. Depression  g. Anger management  k. Personal Development

d. Stress management  h. Values clarification  l. other

Recommendations/Remarks: (Include accommodations needed for the visual, hearing impaired and other disabilities)

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Evaluation Completed by: __________________________ Date: _______________

Psychologist/Psychological Associate

Disposition: Data Entry to Central Records, Inmate medical Record, Institutional Inmate File
STATE OF ALABAMA  
DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH SERVICES  

PSYCHIATRIC EVALUATION  

Referred by:  
☐ Mental Health Staff  
☐ Medical Staff  
☐ Other  

Reason for Referral (Presenting Problem):  

Psychiatric History (inpatient/outpatient/medications prescribed):  

Pertinent Medical History: (medication allergies)  

Substance Abuse History:  

Pertinent Personal/Family History (inmate’s sentence):  

Institutional Adjustment (current placement)  

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Disposition: Inmate Medical Record  

Reference: ADOC AR: 609, 613, 615, 616, 632, 633, 635, 638  
ADOC Form MH-018 – November, 2015  
Page 1 of 2
PSYCHIATRIC EVALUATION (Continued)

Mental Status Examination:
Appearance and Behavior:

Mood and Affect:

Speech and Language:

Thought Process:

Thought Content and Perceptions:

Cognitive Assessment:

Insight/Judgement:

Suicide/Violence Risk Assessment:
Past Suicidal Ideation/Attempts (dates and methods):

Current Suicidal Ideation and Behavior:

Past Violent/Assaultive Behavior:

Current Violent/Assaultive Ideas/Behavior:

Assessment/Diagnosis (DSM 5):

Psychosocial/Contextual Factors:

Symptom Severity: 0 1 2 3 4

Level of Disability: None Mild Moderate Severe Extreme

Plan:

Treatment Recommendations (including medications/labs ordered/special housing)

Psychiatric Follow-Up Required Within: ___ Days

Mental Health Code: 0, 1, 1a, 1b, 1c, 2, 3, 3a, 4, 5, 6, 9

Psychiatrist or Nurse Practitioner Signature

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<td>Reference: ADOC AR: 609, 613, 615, 616, 632, 633, 635, 638</td>
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# ABNORMAL INVOLUNTARY MOVEMENT SCALE (MODIFIED)

## Repeated Assessment

<table>
<thead>
<tr>
<th>INVOLUNTARY MOVEMENT RATING</th>
<th>Rater:</th>
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<tbody>
<tr>
<td>Date</td>
<td>Date:</td>
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</tbody>
</table>

### FACIAL AND ORAL MOVEMENTS
- **MUSCLES OF FACIAL EXPRESSION:** movements of forehead, eyebrows, periorbital area, cheeks; includes frowning, blinking, smiling, grimacing
  - 0 1 2 3 4 0 1 2 3 4 0 1 2 3 4 0 1 2 3 4
- **LIPS AND PERIORAL AREA:** puckering, pouting, smacking
  - 0 1 2 3 4 0 1 2 3 4 0 1 2 3 4 0 1 2 3 4
- **JAW:** biting, clenching, chewing, mouth opening, lateral movement
  - 0 1 2 3 4 0 1 2 3 4 0 1 2 3 4 0 1 2 3 4
- **TONGUE:** rate only increase in movement both in and out of mouth NOT inability to sustain movement
  - 0 1 2 3 4 0 1 2 3 4 0 1 2 3 4 0 1 2 3 4

### EXTREMITIES MOVEMENTS
- **UPPER (arms, wrists, hands, fingers):** include choreic movements (rapid, objectively purposeless, irregular, spontaneous), athetoid movements (slow, irregular, complex, serpentine). DO NOT INCLUDE tremors (repetitive, regular, rhythmic)
  - 0 1 2 3 4 0 1 2 3 4 0 1 2 3 4 0 1 2 3 4
- **LOWER (legs, knees, ankles, toes):** lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot
  - 0 1 2 3 4 0 1 2 3 4 0 1 2 3 4 0 1 2 3 4

### TRUNK MOVEMENTS
- **NECK, SHOULDER, HIPS:** rocking, twisting, squirming, pelvic gyrations.
  - 0 1 2 3 4 0 1 2 3 4 0 1 2 3 4 0 1 2 3 4

### GLOBAL JUDGMENTS
- **SEVERITY OF ABNORMAL MOVEMENTS**
  - 0 1 2 3 4 0 1 2 3 4 0 1 2 3 4 0 1 2 3 4 0 1 2 3 4
- **INCAPACITATION DUE TO ABNORMAL MOVEMENTS**
  - 0 1 2 3 4 0 1 2 3 4 0 1 2 3 4 0 1 2 3 4
- **INMATE’S AWARENESS OF ABNORMAL MOVEMENTS:** rate only inmate’s report
  - 0 – No awareness  3 – Aware, moderate distress
  - 1 – Aware, no distress  4 – Aware, severe distress
  - 2 – Aware, mild distress
  - 0 1 2 3 4 0 1 2 3 4 0 1 2 3 4 0 1 2 3 4

### DENTAL STATUS
- **CURRENT PROBLEMS WITH TEETH AND/OR DENTURES**
  - NO YES NO YES NO YES NO YES
- **DOES INMATE USUALLY WEAR DENTURES?**
  - NO YES NO YES NO YES NO YES

### Inmate Name

<table>
<thead>
<tr>
<th>Disposition: Medical File</th>
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</table>

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<tr>
<th>AIS #</th>
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</table>

Reference: ADOC AR 616.618
ADOC Form MH-019RA – September 15, 2014

Page 17 of 25 AR 601 Change 2 – October 15, 2015
# Mental Health Watch/Restraint Procedure

**Intervention:**
- ☐ Mental Health Observation
- ☐ Suicide Watch
- ☐ Restraints
- ☐ SU Precautionary Watch

**Intervals Observed:**
- ☐ 30 Minutes
- ☐ 15 Minutes
- ☐ Other: ___________

**Property Permitted:**

**Date of Initiation:** ____/____/_______

**Dates Included:** ____/____/_______ to ____/____/_______

<table>
<thead>
<tr>
<th>Code</th>
<th>Activity</th>
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<th>Activity</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Yelling</td>
<td>6</td>
<td>Quiet</td>
<td>11</td>
<td>Fluid Accepted</td>
<td>16</td>
<td>Toileted</td>
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<tr>
<td>2</td>
<td>Struggling</td>
<td>7</td>
<td>Relaxed</td>
<td>12</td>
<td>Fluids Rejected</td>
<td>17</td>
<td>Nursing Visit</td>
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<tr>
<td>3</td>
<td>Crying</td>
<td>8</td>
<td>Mumbling</td>
<td>13</td>
<td>Meal Accepted</td>
<td>18</td>
<td>Range of Motion Exercise</td>
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<tr>
<td>4</td>
<td>Laughing</td>
<td>9</td>
<td>Walking</td>
<td>14</td>
<td>Meal Rejected</td>
<td>19</td>
<td>Mental Health Visit</td>
</tr>
<tr>
<td>5</td>
<td>Sleeping</td>
<td>10</td>
<td>Sitting</td>
<td>15</td>
<td>Showering</td>
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<thead>
<tr>
<th>Time</th>
<th>First Shift</th>
<th>Time</th>
<th>Second Shift</th>
<th>Time</th>
<th>Third Shift</th>
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<tbody>
<tr>
<td></td>
<td>Activity Code</td>
<td>Staff Name</td>
<td>Activity Code</td>
<td>Staff Name</td>
<td>Activity Code</td>
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</tbody>
</table>

**Inmate Name:**

**AIS#:**

**Institution:**

**Disposition:** Inmate Health Record

**Page:** _____ of _____

**References:** ADOC AR; 638, 630, 631

**ADOC Form MH-042** Revised; November, 2014

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# HEALTH RECORD – MASTER PROBLEM LIST

**INMATE NAME** ________________________________ **AIS #** ___________ **D.O.B.** ___________

**Known Allergies:**

1. **Mental Health Codes:**
   - MH-0, MH-1, MH-1-a, MH-1-b, MH-1-c, MH-2, MH-3, MH-3a, MH-4, MH-5, MH-6, MH-9

2. **Medical Health Care Codes:**
   - HC-1, HC-2, HC-3, HC-4, HC-5, HC-5-a, HC-5-b, HC-5-c, HC-5-d, HC-6 (with subset), HC-7

3. **List Long-Term Chronic Problems** (*If Asthmatic record as; Mild, Moderate, or Severe*)

4. **Note DNR, Advance Directive/Living Will as obtained. Note date timed-out and/or date rescinded**

<table>
<thead>
<tr>
<th>Date Identified</th>
<th>Provider Name</th>
<th>Items: 1, 2, 3</th>
<th>Date Resolved</th>
<th>Provider Name</th>
<th>Mental Health Code</th>
<th>Medical Health Care Code</th>
<th>Item: 4. DNR, Living Will, Advance Directives</th>
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<tbody>
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**ADOC – OHS form H-1-a**

06/2008; Revised 5/2015

Annex C to AR 601
Alabama Department of Corrections
Health Record Filing Format

Section 1 (left):

Top: Master Problem List/s (on top of the History and Physical Tab)
Active: Advanced Directive Living Will DNR (under the Problem List/s)

Tab: 1. History and Physical
- Current Medical Coding Form (1st form under the History and Physical Tab)
- Immunization Records (under the current Medical Coding Form)
- Consent to Immunization/s
- Health Assessments/Physicals
- Kitchen Clearance and Health Hygiene Information Sheet
- Next of Kin Notification/s
- TB Testing or TB Screening Forms
- Intake Screening – Medical Staff (Intake facility only)
- Other New Arrival / Intake Facility Consent Forms (Intake facility only)
- Intake Medication List (first arrival. Intake facility only)
- Diabetic Intake Screen (Intake facility only)

Tab: 2. Miscellaneous
- Access to Care
- Diet Request Slip
- Communication of Information Forms
- Request to Obtain Health Records
- Request for Release of Information
- Authorizations to Release Health Information
- Certification of Health Records
- Authorization / Consent to Treatment (post Intake facility)
- Consent to Invasive Procedure (i.e. Extractions, Suture, I & D)
- Restrictive Housing Placement – Health Assessment
- Restrictive Housing – Inmate Daily Review / Tracking Log
- Treatment Sheets (non-Chronic Care)
- Flow Sheets (non-Chronic Care)
- Refusal of Treatment Form / Acknowledgement
- Release of Responsibility Form / Acknowledgement
- Receipt Acknowledgement (miscellaneous medical equipment or supplies)
- Inactive: Advanced Directives, Living Will, DNR
- ADOC Communication Form/s (inactive “medical hold” notice)
- Prior to Incarceration / Requested and Received Health Records*
  (*per event – secure received record notes together prior to filing in this section)
- Health Information Received - Other*
  (facilities contracted by ADOC to house ADOC inmates)
  (*per event – secure received records notes together prior to filing in this section)
Section 2 (right):

Top:     Discharge Release Forms (closing the health record to final inactive status)
        ADOC Communication Form (active "Medical Hold" notice)

Tab: 1.  Physicians Orders
        Provider Orders (all disciplines)

Tab: 2.  Physicians Progress Notes
        Provider Progress Notes (non-mental health)

Tab: 3.  Nursing Progress Notes
        Nursing Progress Notes
        Sick Call Request Forms (all disciplines)
        Nursing Evaluation Protocol Forms (all disciplines)
        ADOC Clinical Evaluation Body Chart Forms (all disciplines)
        Inter-System Transfer / Receiving Screening Forms
        Transfer Screening Nurse Evaluation Forms

Tab: 4.  Dental
        Dental Treatment Forms
        Dental Progress Notes
        Dental Sick-Call Request Slips
        Dental Education / Instruction Forms
        Receipts for Dentures or Dental Appliances
        Consent(s) for Dental Treatment (includes dental surgical and or extraction)
        Dental Film (last item, secured in an envelope, under the Dental Tab)
Alabama Department of Corrections
Health Record Filing Format

Section 3 (left):

Tab: 1. Chronic Care Clinic
   Referral to Chronic Care Clinic Form
   Chronic Care Clinics (CCC) (various Chronic Care Clinics forms)
   Annual Diabetic Checklist (CCC enrollee)
   Monofilament Testing Sheet (CCC enrollee)
   Finger Stick Blood Sugar Flow Sheets (CCC enrollee)
   Blood Pressure Check Flow Sheets (CCC enrollee)
   Hepatitis C: Evaluation. Flow Sheets, Consent for Treatment (all CCC Hep C forms)
   Flow Sheets / Signed Receipts for Educational Material (CCC enrollee)
   Dialysis Records (closed records: active records remain in Dialysis Record Binder)

Tab: 2. Lab
   Lab Results (all)
   Metabolic Monitoring Form

Tab: 3. X-Ray / EKG
   X-Ray or Diagnostic Imagery Results (completed on-site or completed off-site)
   Mammogram Results
   MRI / CT
   Echo’s
   Ultrasounds
   PET Scans
   EKG’s

Tab: 4. Consults
   Off-Site Visit UM Request and Response to Request
   On-Site Specialist Visit UM Request and Response to Request
   Off-Site Specialty Provider Notes
   (*non x-ray or lab off-site results or Provider notes not due to an in-patient hospitalization event)
   Consultant Provider Written Prescriptions (unfilled marked VOID – if retained)
   On-Site Specialty Provider Notes (i.e. Optometry, Contracted Provider Consultant)
   Emergency Room Referral Request Form (on-site Provider request)
   Emergency Room Records & Notes
   (*per event – staple received records/notes together prior to filing in this section)
Alabama Department of Corrections
Health Record Filing Format

Section 4 (right):

Tab:  1.  **Infirmary** (ADOC, in-patient, on-site) / In-Patient Admissions (hospitalization off-site)

*Infirmary*  In-patient – Acuity Level Red
(*per event – breakdown the in-patient record chart, organize the paperwork, staple the event occurrence together prior to filing in section)

*Assisted Living* – Acuity Level Yellow
(*per event period (admission through discharge), bind event period together prior to filing in this section)

*Restraint Forms* (inmate housed 24/7 in the medical Infirmary)

*Hunger Strike Forms* (all disciplines)

*Off-Site Hospital Admissions*® (Free-World)
(*per event – organize and staple the received record notes together prior to filing in this section)
Alabama Department of Corrections
Health Record Filing Format

Section 5 (left):

Top:  
Current Mental Health Treatment Plan
Current Treatment Plan Review (1st form under Mental Health Treatment Plan)
Current Mental Health Code Form (2nd form under Mental Health Treatment Plan)

Tab:  1. Mental Health
Referral to Mental Health
Psychological Evaluation Update
Psychological Evaluation
Psychiatric Evaluation
AT Initial Assessment
AT Assessment Update
Abnormal Involuntary Movement Scale (AIMS) (Modified Repeat Assessment)
Psychotropic Medication Consent: Lithium
Psychotropic Medication Consent: Antipsychotics
Psychotropic Medication Consent: Antidepressants
Psychotropic Medication Consent: General
Psychiatric Progress Notes
Emergency Forced Psychotropic Medication Report (ADOC Form MH-027)
Involuntary Medication Request
Notice of Involuntary Medication Hearing
Record of Involuntary Medication Review
Review of Restrictive Housing Inmate (Mental Health)
Progress Notes (Mental Health)
Mental Health Consultation to the Disciplinary Hearing
Mental Health Watch / Restraint Procedure
Inmate Status / Precautionary Watch
Use of Physical Restraints for Mental Health Purposes Monitoring
Mental Health Unit (RTU/SU): Admission / Transfer Form
Mental Health Unit (RTU/SU): Discharge Summary Form
Mental Health Unit (RTU/SU): Discharge Transfer Form
Mental Health Unit (RTU/SU): Initial Nursing Assessment
Correctional Officer Input Into RTU SU Inmate Treatment Planning
Intensive Psychiatric Stabilization Unit: Inmates with Extended Stay
Record of Sanity Commission Hearing
Pre-Admission Statement
Petition for Involuntary Commitment
Mental Health Workshop Certificate (copy)
Inmate Orientation to Mental Health Services
Intake / Reception Mental Health Screening Evaluation*
(*last form found under the Mental Health Tab)
Section Six (right):

Tab: 1. Medications
- Medication Administration Records
- Non-Formulary Request Form/s
- Non-Formulary Approval / Denial / Recommendations (response received)
- Medication Report Forms (medical, dental, mental health: counsel / non-compliance)
- Medication List / Summary (generated after Intake)
- Keep On Person (KOP) Medication Program Forms/Contracts

Unless specifically noted otherwise in the above filing format, documents are to be filed in the health record according to event, date, and time.

Current date/time items will be found first and additional items will be found thereafter in descending chronological order in each section/tab of the health record.

Top ...

... to bottom