

## DOC RECORDS TRANSFER SUMMARY

FROM (Institution):

Offender's Name:

Medicaid #:

DOC #:

Age:

DOB:

Race:

DOC Case Mgr:

Offender releasing contact  
info (address/phone):

Probation /Parole contact  
(name, address, phone):

Allergies:

### MEDICAL RECORD HISTORY

Current Medications (see attached medications list):

Diagnosis:

Special Instructions:

Services Authorized in past 12 months (see attached Eceptionist appointment history):

Current Tests:

PPD (must have current ppd status)

CXR

RPR

If HIV positive, viral count:

Other: List test date and results

Date of Last Medical Evaluation:

## BEHAVIORAL HEALTH RECORD HISTORY

The following documents and/or information shall be communicated and/or included:

DSM V diagnosis:

Mental Health LOC:

Current medications (see attached medication list):

Date of last administration (injectibles only):

Medication compliance:

Relevant laboratory values:

List of communicable diseases or state "None":

Date of Last Behavioral Health Evaluation:

Summary of the course of evaluation/treatment:

Special behavioral management issues/description:

Suicide watch history:                      Yes                      No                      Date of last watch:

Sex Offender:

DOC mental health professional contact:

Family contacts:

Prior mental health records:

Other (Describe):

Entitlement Program      VA:              SSI:              Medicare:              Other:  
Applied for:

Housing Needs:                      Transportation Needs:                      Safelink phone app needed:

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Healthcare Staff Signature

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Date / Time