

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:

Healthcare Staff Signature

Date / Time