

MENTAL HEALTH RISK ASSESSMENT REFERRAL FORM

Inmate's Name: _____ CL #: _____ DOB: _____ Institution: _____

Current Offenses: _____

Total Sentence Length: _____ From: _____ # of Prior Incarcerations: _____

Current Release Date: _____ as of _____ Parole Status: _____

THIS PSYCHOLOGICAL ASSESSMENT REFERRAL IS BEING MADE TO OBTAIN CONSULTATION REGARDING THE INMATE'S RISK FACTORS IN A SETTING WITH REDUCED INSTITUTIONAL CONTROLS.

REASON(S) FOR THIS REFERRAL:

- Nature and Circumstances of Offense(s)
- Pattern of violent institutional behavior which may be related to mental illness.
- History of Serious Mental Illness

Description: _____

List prior parole/probation violations in the past 10 years: _____

If the current offense(s) is/are not the sole reason for this referral, what prior significant convictions (violent, sexual, pattern violence etc.) justify this referral? Please explain: _____

Has the inmate been assessed for and participated in programming to address the causal factors related to his criminal behavior? (i.e. substance abuse therapy, vocational training, cognitive programming etc.) No Yes
If yes, please explain and include program successes and failures: _____

Number of Adjustments in the Past 2 years:

Category I, II and III: _____ Category IV and V: _____ Informals/Incident Reports: _____

Number of adjustments involving violence: (explain) _____

Comments/Additional Information: _____

Date: _____

Requested by: _____

Name/Title