



Department of Public Safety & Correctional Services

Sick Call Request/Encounter Form

Date/Time Stamp	Medical Triage: (E) (U) (R) Apply Copay: ☐ Yes ☐ No									
Directions: - Section I: To be completed by incarcerated individual. - Section II: To be completed by clinician. Incarcerated individual must state specific reason for requesting Medical/Dental/Mental Health services.	<table style="width: 100%;"> <tr> <td style="width: 70%;">Signature</td> <td style="width: 30%;">Date/Time</td> </tr> <tr> <td>Verification Signature</td> <td>Date/Time</td> </tr> </table>			Signature	Date/Time	Verification Signature	Date/Time			
Signature	Date/Time									
Verification Signature	Date/Time									
Section I: To Be Completed By Incarcerated Individual										
Name:	DOB:	SID#:	Cell#:	Facility:						
Allergies:			Date:							
Sick Call Request										
State your problem. How can we help you? (Please be specific) ☐ Medication not received _____ _____ _____										
A. Where does it hurt?										
B. When did it start?										
C. Has it happened before? How often?										
Non-Sick Call – Healthcare Issues										
<table style="width: 100%;"> <tr> <td>☐ Medical Records Request</td> <td>☐ Work Clearance Request</td> <td>☐ Dental Exam/Filling/Denture Request</td> </tr> <tr> <td>☐ Medication Refill</td> <td>☐ Eye Glass Repair Request</td> <td>☐ Other: _____</td> </tr> </table>					☐ Medical Records Request	☐ Work Clearance Request	☐ Dental Exam/Filling/Denture Request	☐ Medication Refill	☐ Eye Glass Repair Request	☐ Other: _____
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☐ Medication Refill	☐ Eye Glass Repair Request	☐ Other: _____								
Place Medication Refill Sticker Here	Place Medication Refill Sticker Here	Place Medication Refill Sticker Here	Place Medication Refill Sticker Here							
Section II: To Be Completed By Healthcare Personnel										
Healthcare Encounter Documented in EPHR: (Comments) _____ _____										
			Provider							
			Date / Time							
Sick Call Request / Encounter (E) (U) (R)										
Form Forwarded To:										
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Response to the Incarcerated Individual: _____										