

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONAL SERVICES
DOCS - MENTAL HEALTH REFERRAL

This form may be completed by any facility personnel to request mental health services for an inmate. Please press hard - you are making three (3) copies.

INMATE NAME: _____ DATE: _____

DIN: _____ CELL LOCATION: _____ TIME: _____ AM / PM

REFERRED BY: _____ TITLE: _____ EXT.: _____

1. Refer to the checklist below and check each one which is true for the inmate. Please circle your check mark for those behaviors which brought about your decision to refer this inmate. Please be as complete and accurate as possible.

KNOWLEDGE OF BASIC FACTS

- Does not know:
 - Own name
 - Where he/she is
 - Day of week
 - Date

SELF - HARM

- Talks about:
 - Giving up
 - Being worthless
 - Life not being worthwhile
 - Cutting self
 - Hanging up
 - Overdosing
 - Swallowing foreign objects
 - Starting fires
 - Harming self in other ways

Attempts to do or does:

- Cut self
- Hang self
- Overdose
- Swallow foreign objects
- Start fires
- Harm self in other ways
- Bang head

APPEARANCE AND HYGIENE

- Does not shower regularly
- Does not shower at all
- Hair and Body appear dirty
- Has offensive odor
- Wears ripped/soiled clothing
- Wears little or no clothing

EATING AND SLEEPING HABITS

- Sleeps excessively
- Does not sleep
- Sleeps poorly
- Does not eat regularly
- Does not eat at all
- Drinks little fluids
- Drinks no fluids

BODY MOVEMENTS

- Moves slowly, listlessly
- Makes strange or unusual movements
- Makes facial grimaces
- Arms or legs twitch

NON - VERBAL BEHAVIORS

- Repeats same actions with no apparent purpose
- Engages in strange or unusual behavior
- Appears nervous very frequently
- Appears fearful for no apparent reason
- Acts impulsively
- Acts or reacts without regards for the consequences
- Cries often
- Cries for no apparent reason
- Appears elated very frequently
- Appears overly excited very frequently
- Appears sad very frequently
- Laughs for no apparent reason
- Handles own urine or feces
- Stores own urine or feces
- Masturbates openly
- Masturbates excessively
- Cannot focus attention

VERBAL BEHAVIORS

- Does not speak
 - Speaks very softly
 - Speaks very slowly
 - Does not make sense when speaking
 - Makes verbal threats
 - Yells and screams
 - Talks to self
- Talks about:**
- People being out to get "Me"
 - Conspiracies against "Me"
 - Self in grandiose terms
 - Grandiose plans or schemes
 - Having exorbitant amounts of money or possessions
 - Religious matters in a strange or unusual manner
 - Devils or spirits controlling him/her
 - Other people being possessed by evil spirits
 - The same topic repeatedly
 - Hearing voices

SOCIAL OR INTERPERSONAL BEHAVIORS

- Does not respond to own name
- Stays in cell most of the time
- Communicates for basic needs only
- Does not communicate socially with other inmates
- Refuses to attend program(s)
- Refuses visits
- Has stopped corresponding
- Allows others to take advantage of him/her
- Engages in inappropriate sexual activity

MEDICATIONS

- Refusing medications

2. When did you first observe those behaviors of greatest concern to you? _____ Date

3. Where did those behaviors that you checked occur most frequently?
 Inmate's Cell Mess Hall Job Location Classroom Cell Block Yard
 Other (specify): _____

4. Comments: _____

TO BE COMPLETED BY MENTAL HEALTH UNIT:

Inmate: _____ was seen on _____ by OMH staff.

COMPLETED BY: _____
Name Title Phone Extension

The source of a mental health referral is protected from disclosure under Mental Health Law, Section 33.13 and 33.18, if such disclosure would be detrimental to the referral source, to the patient, or to other persons.

Distribution:

- White - OMH
- Yellow - Referral Source: *Security; Send To Watch Commander *Program; Send To Deputy Supt. Programs
- Pink - Medical