



BOB RILEY  
GOVERNOR

# State of Alabama Alabama Department of Corrections

Research and Planning  
P. O. Box 301501  
Montgomery, AL 36130-1501



RICHARD F. ALLEN  
COMMISSIONER

March 1, 2006

ADMINISTRATIVE REGULATION  
NUMBER 601

OPR: TREATMENT

## MENTAL HEALTH FORMS AND DISPOSITION

### I. GENERAL

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes the responsibilities, policies and procedures for mental health forms to document and report Mental Health Services.

### II. POLICY

It is the policy of the ADOC that Psychologist and Psychological Associates, contracted mental health staff, security and medical staff will use approved mental health forms in documenting and reporting mental health transactions.

### III. DEFINITION(S) AND ACRONYM(S)

This section is not used in this AR.

### IV. RESPONSIBILITIES

- A. The Director of Treatment is responsible for developing and updating forms associated with ADOC Mental Health Administrative Regulations.
- B. ADOC Psychologists, Psychological Associates, classification, security staff, and contracted mental health staff are responsible for using authorized forms designated for fulfilling mental health policies.
- C. The contract mental health and medical provider will supply the forms depicted in Annex B, *Medication Administration Record*; C, *Problem List*; E, *Physician Orders*; and F, *Medication Error Report*.

### V. PROCEDURES

- A. All ADOC forms shall be completed in ink, signed, and dated.

- B. All corrections shall be initialed and dated by the person making the corrections.
- C. Mental health forms shall be filed in the inmate medical record as shown in Annex D, *Inmate Medical Record Format*.
- D. Requests for changes in mental health forms shall be submitted to the Director of Treatment/designee for consideration.

## **VI. DISPOSITION**

Any forms used shall be retained and/or disposed of according to the Department Records Disposition Authority (RDA).

## **VII. FORMS**

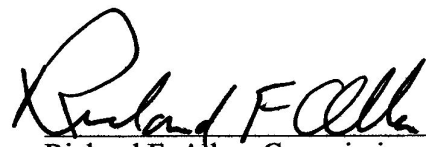
AR 601, *Mental Health Forms and Disposition*, establishes Mental Health (MH) forms listed in Annex A, *Index of Mental Health Forms*.

## **VIII. SUPERCEDES**

This regulation being a new regulation does not supercede any other regulation at this time.

## **IX. PERFORMANCE**

- A. The Bradley Agreement, dated August 8, 2000.
- B. National Commission of Correctional Health Care: *Standards for Health Services in Prisons 2003*. (P-A-09).
- C. The Code of Alabama 1975, Section 22-50-11.

  
Richard F. Allen, Commissioner

### **ANNEX (S):**

Annex A, Index of Mental Health Forms  
Annex B, Medication Administration Record  
Annex C, Problem List  
Annex D, Inmate Medical Record Format  
Annex E, Physician Orders  
Annex F, Medication Error Report

## INDEX OF MENTAL HEALTH FORMS

<b>MH FORM NUMBER</b>	<b>FORM TITLE</b>
<b>001</b>	Authorization for Release of Information
<b>002</b>	Inmate Orientation to Mental Health Services
<b>003</b>	Reserved For Future Use
<b>004</b>	Quality Improvement Program: Review of Inmate Suicide or Life-Threatening Attempt
<b>005</b>	New Staff Orientation
<b>006</b>	Staff Training Report: Monthly
<b>007</b>	Staff Training Report: Quarterly
<b>008</b>	Referral to Mental Health
<b>009</b>	Inmate Self-Referral Log
<b>010</b>	Non-Availability of Psychotropic Medication
<b>011</b>	Reception Mental Health Screening Evaluation
<b>012</b>	Reception Mental Health Screening Log
<b>013</b>	Mental Health Code Input
<b>014</b>	Psychological Evaluation Update
<b>015</b>	Psychological Evaluation
<b>016</b>	Intake Form for Substance Abuse
<b>017</b>	Treatment Coordinator Assignment Log
<b>018</b>	Psychiatric Evaluation
<b>019</b>	Abnormal Involuntary Movement Scale (AIMS) (Modified)
<b>020</b>	Psychiatric Medication Consent: Lithium
<b>021</b>	Psychiatric Medication Consent: Antipsychotics
<b>022</b>	Psychiatric Medication Consent: Antidepressants
<b>023</b>	Psychiatric Medication Consent: General
<b>024</b>	Psychotropic Medication Report
<b>025</b>	Psychiatric Progress Notes
<b>026</b>	Housing Unit Temperature Log
<b>027</b>	Emergency Forced Psychotropic Medication Report
<b>028</b>	Involuntary Medication Request
<b>029</b>	Notice of Involuntary Medication Hearing
<b>030</b>	Record of Involuntary Medication Review
<b>031</b>	Mental Health Unit (RTU/SU): Inmates Receiving Involuntary Medication
<b>032</b>	Treatment Plan
<b>033</b>	Correctional Officer Input into RTU/SU Inmate Treatment Planning
<b>034</b>	Treatment Plan Review

Annex A to AR 601  
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## INDEX OF MENTAL HEALTH FORMS

<b>MH FORM NUMBER</b>	<b>FORM TITLE</b>
<b>035</b>	Outpatient Psychiatric Services Log
<b>036</b>	Outpatient Individual Inmate Contact Log
<b>037</b>	Group Attendance Roster
<b>038</b>	Mental Health Segregation Rounds Log
<b>039</b>	Review of Segregation Inmates
<b>040</b>	Progress Notes
<b>041</b>	Mental Health Consultation to Disciplinary Process
<b>042</b>	Mental Health Watch/Restraint Procedure
<b>043</b>	Reserved for future use
<b>044</b>	Inmate Status/ Precautionary Watch
<b>045</b>	Crisis Cell Utilization
<b>046</b>	Use of Physical Restraints for Mental Health Purposes Monitoring
<b>047</b>	Use of Physical Restraints for Mental Health Purposes (Log)
<b>048</b>	Mental Health Unit (RTU/SU): Admission/Transfer Form
<b>049</b>	Mental Health Unit (RTU/SU): Discharge Summary Form
<b>050</b>	Mental Health Unit (RTU/SU): Discharge/Transfer Form
<b>051</b>	Intensive Psychiatric Stabilization Unit (SU): Inmate Orientation and Expectations
<b>052</b>	Mental Health Unit (RTU/SU): Initial Nursing Assessment
<b>053</b>	Intensive Psychiatric Stabilization Unit: Inmates with Extended Stay
<b>054</b>	Mental Health Unit (RTU/SU): Admission and Discharge Log
<b>055</b>	Intensive Psychiatric Stabilization Unit: Programming Monitoring
<b>056</b>	Mental Health Unit (RTU/SU): Treatment Planning Status
<b>057</b>	Intensive Psychiatric Stabilization Unit: Inmates with Extended Stay Monthly Report
<b>058</b>	Reserved for future use
<b>059</b>	Mental Health Unit: Critical Incidents and Disciplinary Action
<b>060</b>	Mental Health Unit (RTU): Inmate Roster-Last Day of the Month
<b>061</b>	Mental Health Unit (SU): Inmate Roster-Last Day of the Month
<b>062</b>	Residential Treatment Unit (RTU): Inmate Orientation and Expectations
<b>063</b>	Residential Treatment Unit (RTU): Program Monitoring (MHP, AT, Nursing)
<b>064</b>	Record of Sanity Commission Hearing
<b>065</b>	Statement of Sentence
<b>066</b>	Pre-Admission Security Evaluation
<b>067</b>	Pre-admission Statement
<b>068</b>	Reserved for future use
<b>069</b>	Petition for Involuntary Commitment

## INDEX OF MENTAL HEALTH FORMS

<b>MH FORM NUMBER</b>	<b>FORM TITLE</b>
<b>070</b>	Outpatient Services: Monthly Activity Report
<b>071</b>	Intensive Psychiatric Stabilization Unit (SU): Monthly Activity Report
<b>072</b>	Residential Treatment Unit (RTU): Monthly Activity Report
<b>073</b>	System-wide Outpatient Services: Monthly Activity Report
<b>074</b>	System-wide Intensive Psychiatric Stabilization Unit (SU): Monthly Activity Report
<b>075</b>	System-wide Residential Treatment Unit (RTU): Monthly Activity Report
<b>076</b>	Monthly Report of Psychological Activities
<b>077</b>	Intensive Psychiatric Stabilization Unit: Transfers to State Psychiatric Hospital

Annex A to AR 601  
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## MEDICATION ADMINISTRATION RECORD

**INSTRUCTIONS:**

- Put initial in appropriate box when medication given.
- Circle initials when medication refused.
- State reason for refusal on nurse's notes.
- PRN Med: Reason given and results should be noted on Nurse's Medication Notes.

**CHARTING CODES:**

- a. Charting in error.
- b. Patient refused.
- c. Patient out of facility.
- d. Drugs not given. Indicate reason in Nurses medication notes.

e. See Nurse's Medication Notes.  
f. Patient did not retain medication.  
g. Effective

DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
Temperature/ Pulse Blood Pressure																										
NURSE'S MEDICATION NOTES						PATCH SITE / INJECTION SITE CODES:		1. RIGHT DORSAL GLUTEUS 2. LEFT DORSAL GLUTEUS 3. RIGHT VENTRAL GLUTEUS 4. LEFT VENTRAL GLUTEUS		5. RIGHT LATERAL THIGH 6. LEFT LATERAL THIGH 7. RIGHT DELTOID 8. LEFT DELTOID		9. RIGHT UPPER ARM 10. LEFT UPPER ARM 11. RIGHT ANTERIOR THIGH 12. LEFT ANTERIOR THIGH		13. UPPER BACK LEFT 14. UPPER BACK RIGHT 15. UPPER CHEST LEFT 16. UPPER CHEST RIGHT												

[illegible]

Disposition: Inmate Medical Record, Right

Reference: ADOC AR: 617, 618

Page: 2 of 2 back-side

Annex B to AR 601

## PROBLEM LIST

**Name:** \_\_\_\_\_ **AIS #:** \_\_\_\_\_

## Medication

**Allergies:**\_\_\_\_\_

### Medical: Chronic (Long-Term) Problems

## Roman Numerals for Medical/ Surgical

**Mental Health Code: 0 1 2 3 4 5 6      Date Code Initially Assigned: \_\_\_\_\_**

## Capital Letter for Psychiatric Behavior

[illegible]

Disposition: Inmate Medical Record, left top, yellow

Reference: ADOC AR: 606, 613, 614, 615



# INMATE MEDICAL RECORD FORMAT

<u>LEFT SIDE TOP</u>	<u>RIGHT SIDE TOP</u>																				
<p><b><u>Problem List – Yellow Paper – 60108 AL</u></b></p> <p>ADOC MH-032, Treatment Plan            ADOC MH-033, Correctional Officer Input Into RTU/SU Inmate Treatment Planning            ADOC MH-034, Treatment Plan Review            DNR Forms (look in CHOICES manual)            Living Will            Advance Directive</p> <p><b><u>Under Chronic Tab</u></b></p> <p>All Chronic Care Forms (Nurse/MD)</p> <table style="width: 100%;"> <tr><td>Diabetic - Physician</td><td style="text-align: right;">60517 - AL</td></tr> <tr><td>Diabetic - Nurse</td><td style="text-align: right;">60518 - AL</td></tr> <tr><td>CV/HTN - Physician</td><td style="text-align: right;">60519 - AL</td></tr> <tr><td>CV/HTN - Nurse</td><td style="text-align: right;">60520 - AL</td></tr> <tr><td>Seizure - Physician</td><td style="text-align: right;">60521 - AL</td></tr> <tr><td>Seizure - Nurse</td><td style="text-align: right;">60522 - AL</td></tr> <tr><td>Pulmonary - Physician</td><td style="text-align: right;">60523 - AL</td></tr> <tr><td>Pulmonary - Nurse</td><td style="text-align: right;">60524 - AL</td></tr> <tr><td>TB - Physician</td><td style="text-align: right;">60525 - AL</td></tr> <tr><td>TB - Nurse</td><td style="text-align: right;">60526 - AL</td></tr> </table> <p>Extra Progress Notes (Form #60111)</p> <p><b><u>Diabetic Record #CAL - 5B1</u></b></p> <p>Monofilament Testing For Diabetics (Form 60516-AL)            Annual Diabetic Check List (Form 60514-AL)            Diabetic Intake Screening (Form 60515-AL)</p> <p><b><u>Under History and Physical Tab</u></b></p> <p>Yearly Health Evaluation/Notification of Next of Kin (Form 60513-AL)            Special Diet Request #60130            Kitchen Clearance Physical Assessment #70042            Intake Health Evaluation (Form 60511-AL)            Identification of Special Needs #GLF1005            TB Screening Form (Form 60512-AL)            Intake Screening/Notification of Next of Kin (Form 60412-AL)</p>	Diabetic - Physician	60517 - AL	Diabetic - Nurse	60518 - AL	CV/HTN - Physician	60519 - AL	CV/HTN - Nurse	60520 - AL	Seizure - Physician	60521 - AL	Seizure - Nurse	60522 - AL	Pulmonary - Physician	60523 - AL	Pulmonary - Nurse	60524 - AL	TB - Physician	60525 - AL	TB - Nurse	60526 - AL	<p><b><u>Physicians Orders</u></b></p> <p><b><u>Physician Order #60110</u></b>            Discharge Instruction Sheet #70060 (if inmate released from prison)</p> <p><b><u>Doctor Progress Notes Tab</u></b></p> <p><b><u>Progress Notes #60111</u></b></p> <p><b><u>Nursing Progress Notes Tab</u></b></p> <p><b><u>Sick Call Request #GLF1002</u></b>            Progress Notes #60111            Transfer Receiving Screening Form #70009            Emergency (Body Man – Non Schedule Event) #70007</p> <p><b><u>Under Medication Administration Tab</u></b></p> <p>Non-formulary Pharmacy Request Form (PHS)            MAR (medication administration form) #Secure Pharmacy Plus            Self Medication Administration (KOP) Forms  <b><u>Refusal of Treatment Form #70108</u></b></p> <p><b><u>Under Consultation Tab</u></b></p> <p><b><u>UM Referral Review Forms #2/05/04</u></b>            Emergency Room Referral #70062            Confidential Medical Data #60109            Off-site Visit Reports (to exclude x-ray reports)            Consultation Request Forms #60136            Eye-Chart #70029</p> <p><b><u>Under Lab/X-Ray/EKG Tab</u></b></p> <p style="text-align: center;"><b><u>STAPLE EVENT FORMS TOGETHER</u></b></p> <p><b><u>Short Stay Record</u></b>            23-PHS Infirmary-#70048</p> <p><b><u>Under Hospital Tab</u></b></p> <p>Emergency Room Records - Free World</p> <div style="text-align: center; margin-top: 20px;"> <span style="display: inline-block; width: 100px; height: 15px; background-color: black;"></span>             End of Right Side             <span style="display: inline-block; width: 100px; height: 15px; background-color: black;"></span> </div>
Diabetic - Physician	60517 - AL																				
Diabetic - Nurse	60518 - AL																				
CV/HTN - Physician	60519 - AL																				
CV/HTN - Nurse	60520 - AL																				
Seizure - Physician	60521 - AL																				
Seizure - Nurse	60522 - AL																				
Pulmonary - Physician	60523 - AL																				
Pulmonary - Nurse	60524 - AL																				
TB - Physician	60525 - AL																				
TB - Nurse	60526 - AL																				

# INMATE MEDICAL RECORD FORMAT

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### Psychiatric and Psychological Reports

ADOC MH-002, Inmate Orientation to Mental Health Services  
ADOC MH-008, Referral to Mental Health  
ADOC MH-011, Reception Mental Health Screening Evaluation  
ADOC MH-014, Psychological Evaluation Update  
ADOC MH-015, Psychological Evaluation  
ADOC MH-016, Intake Form for Substance Abuse  
ADOC MH-018, Psychiatric Evaluation  
ADOC MH-019, Abnormal Involuntary Movement Scale (AIMS) (Modified)  
ADOC MH-020, Psychotropic Medication Consent: Lithium  
ADOC MH-021, Psychotropic Medication Consent: Antipsychotics  
ADOC MH-022, Psychotropic Medication Consent: Antidepressants  
ADOC MH-023, Psychotropic Medication Consent: General  
ADOC MH-024, Psychotropic Medication Report  
ADOC MH-025, Psychiatric Progress Notes  
ADOC MH-027, Emergency Forced Psychotropic  
ADOC MH-028, Involuntary Medication Request  
ADOC MH-029, Notice of Involuntary Medication Hearing  
ADOC MH-030, Record of Involuntary Medication Review  
ADOC MH-039, Review of Segregation Inmates  
ADOC MH-040, Progress Notes  
ADOC MH-041, Mental Health Consultation to the Disciplinary Process  
ADOC MH-042, Mental Health Watch/Restraint Procedure  
ADOC MH-044, Inmate Status/Precautionary Watch  
ADOC MH-046, Use of Physical Restraints for Mental Health Purposes Monitoring  
ADOC MH-048, Mental Health Unit (RTU/SU): Admission/Transfer Form  
ADOC MH-049, Mental Health Unit (RTU/SU): Discharge Summary Form  
ADOC MH-050, Mental Health Unit (RTU/SU): Discharge/Transfer Form  
ADOC MH-052, Mental Health Unit (RTU/SU): Initial Nursing Assessment  
ADOC MH-053, Intensive Psychiatric Stabilization Unit: Inmates with Extended Stay  
ADOC MH-064, Record of Sanity Commission Hearing  
ADOC MH-065, Statement of Sentence  
ADOC MH-066, Pre-Admission Security Evaluation  
ADOC MH-067, Pre-Admission Statement  
ADOC MH-069, Petition For Involuntary Commitment

Mental Health Workshop certificate copies

Annex D to AR 601  
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# INMATE MEDICAL RECORD FORMAT

LEFT SIDE CONTINUED

## Under Other Documents Tab

Segregation Health Log (60527-AL)  
Treatment Record and/or Blood Pressure Log (60529-AL)  
Special Needs Communication #60418  
Informed Consent to Medical Services #60104 (suture, I & D, invasive)  
Refusal of Treatment Form #70108  
Non-compliance Notice #70057  
Authorization of PHS to Release Medical Records #60137  
ADOC Form MH-001, Authorization for Release of Information  
Release of Responsibility #60115  
Refusal to Submit to Treatment #70032  
Receipt of Medical Equipment (eye glasses, dentures, appliances) #70005  
Medical Restraint Form (if used)  
Hunger Strike Forms (if used)  
Progress Notes #60111 (extra)

## Infirmery In-Patient Record - PHS Infirmery

### STAPLE EVENT FORMS TOGETHER

Infirmery Admission #70050  
Inpatient History and Physical #70020  
Infirmery Assessment Sheet #PHIL110  
Daily Patient Assessment Sheet #70055  
24 Hour In-take/Out Put #70059  
Vital Signs Flow Sheet #70063  
Flow Chart for Alcohol Drug Withdrawal #60120  
Progress Notes #60111  
Infirmery Nursing Progress Notes #70049  
Flow Sheet #70028  
Hunger Strike Forms (if used)  
Infirmery Discharge #70051

## In-Patient Hospital Records-Free World

### STAPLE EVENT FORMS TOGETHER

Authorization for Release of Information #60102

FILING ORDER TOP TO BOTTOM MOST RECENT DATE ALWAYS ON TOP AND  
DESCENDING CHRONOLOGICAL ORDER

Annex D to AR 601  
Page 3 of 3

## PHYSICIAN ORDERS

Name: _____ Cell: _____ D.O.B. ____/____/____ Allergies: _____ _____ <b>Use Fourth    Date: ____/____/____</b>	DIAGNOSIS: (If Changed) _____ _____ _____ <b>GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED</b>
Name: _____ Cell: _____ D.O.B. ____/____/____ Allergies: _____ _____ <b>Use Third    Date: ____/____/____</b>	DIAGNOSIS: (If Changed) _____ _____ _____ <b>GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED</b>
Name: _____ Cell: _____ D.O.B. ____/____/____ Allergies: _____ _____ <b>Use Second    Date: ____/____/____</b>	DIAGNOSIS: (If Changed) _____ _____ _____ <b>GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED</b>
Name: _____ Cell: _____ D.O.B. ____/____/____ Allergies: _____ _____ <b>Use First    Date: ____/____/____</b>	DIAGNOSIS: (If Changed) _____ _____ _____ <b>GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED</b>

SAMPLE

Disposition: Inmate Medical Record, right side and Pharmacy

ADOC AR: 617,631

Annex E to AR 601

## MEDICATION ERROR REPORT

Name and title of person making error: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Inmate name & ID# \_\_\_\_\_

Type of error (check all appropriate):

_____ wrong inmate	_____ wrong mode of administration
_____ wrong dose	_____ omitted
_____ wrong time	_____ transcription error
_____ wrong medication	_____ dispensing error
_____ illegible	_____ cross-reactivity

other: \_\_\_\_\_

Physician notified: \_\_\_\_\_ Date & Time: \_\_\_\_\_

Description of Medication Error (include name(s) and dose(s) of medication involved, how error was discovered, cause of error and action taken).

**SAMPLE**

Signature & Status of person completing report

Date & time

Supervisor's Evaluation (include cause and corrective action taken to prevent or minimize future errors of this nature).

Signature & Title

Date & Time

Disposition: Director of Treatment, Quality Improvement

Reference: ADOC AR 617

Annex F to AR 601