MENTAL HEALTH DOR RECOMMENDATION

INMATE NAME	IDOC #	FACILITY

OFFENSE DATE	OFFENSE DESCRIPTION	CLINICIAN
	Violence Against Staff (Class A1)	

Is there a documented history of significant mental illness that would or could impair decision making and/or reality testing?	Yes ☐	No ☐
Is the inmate presently prescribed medication for mental health issues?	Yes ☐	No ☐
**If yes; is the inmate compliant with their medications?	Yes ☐	No ☐
Did the inmate experience a significant increase of stressors prior to the incident?	Yes ☐	No ☐
Was there a documented increase in mental health symptoms prior to the incident?	Yes ☐	No ☐
Was mental illness a contributing factor?	Yes ☐	No ☐
Was mental illness a mitigating factor?	Yes ☐	No ☐
Was mental illness a factor in this incident?	Yes ☐	No ☐
Should a clinician be present during the DOR hearing to assist with the process?	Yes ☐	No ☐

Recommendations (if applicable)

CLINICIAN SIGNATURE	DATE OF RECOMMENDATION