

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**

**MENTAL HEALTH DISCIPLINARY REVIEW FORM**

**Offender Name** \_\_\_\_\_ **TDCJ#** \_\_\_\_\_

**Date** \_\_\_\_\_ **Facility** \_\_\_\_\_ **Case ID#** \_\_\_\_\_

The following clinical determination has been made by a Qualified Mental Health Professional (QMHP):

1. \_\_\_\_\_ There is no input determined by the QMHP to be relevant to the processing of the above disciplinary case.
  
2. \_\_\_\_\_ A QMHP must be contacted for specific input before proceeding with the disciplinary process.

\_\_\_\_\_  
QMHP printed name

\_\_\_\_\_  
QMHP signature

\_\_\_\_\_  
Date