

PAMIO
ADMISSION REFERRAL
APPLICATION

Offender's name: _____ TDCJ #: _____ Date: _____

Referring unit: _____

Custody Level: _____ Ad Seg _____ Close Custody

PULHES: P _____ U _____ L _____ H _____ E _____ S _____

Current Mental Health Diagnoses:

Current Treatment (check all that apply):

- On mental health caseload
- Receiving counseling
- Receiving psychoactive medications (if checked, please list them below)

Meds: _____

Aggressive Behaviors (check all that apply):

Check if, in the past 24 months, the patient has either received a sustained disciplinary case for the behavior or has been noted in writing in the medical record to have exhibited the behavior.

- | | |
|---|---|
| <input type="checkbox"/> Assaulting an officer or other staff member | <input type="checkbox"/> Participating in or inciting to riot |
| <input type="checkbox"/> Assaulting another inmate | <input type="checkbox"/> Participating in sexual abuse of another person |
| <input type="checkbox"/> Fighting with a weapon | <input type="checkbox"/> Abusing an animal |
| <input type="checkbox"/> Fighting without a weapon | <input type="checkbox"/> Damaging or destroying property |
| <input type="checkbox"/> Possessing a weapon | <input type="checkbox"/> Self-harming behaviors such as cutting, head-banging, etc. |
| <input type="checkbox"/> Threatening an officer or other staff member | <input type="checkbox"/> Sexual misconduct |
| <input type="checkbox"/> Threatening other inmates | _____ |
| <input type="checkbox"/> Cursing staff or using indecent or vulgar language | _____ |

Checklist for successful referral: (If some criteria are not met, it is possible that referral will not be appropriate.)

- The patient is Administrative Segregation or Close Custody.
- The patient has both a demonstrable mental health need and aggressive behavior.
- The patient's medical needs can be met through an outpatient infirmary service.
- The patient is intellectually capable of participating in and benefiting from a cognitively-oriented program.

The patient has signed:

- Voluntary Approval of Admission to an Inpatient Psychiatric Facility – HSP16.
- Informed Consent and Limits of Confidentiality – HSP3.

Name & phone # of referring clinician: _____

TDCJ e-mail address: _____

Other e-mail address: _____