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|  | ALASKA DEPARTMENT OF CORRECTIONS |

**THIRD-PARTY PSYCHIATRIST INVOLUNTARY MEDICATION EVALUATION FORM 807.16C**

 **DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### Prisoner Information

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| --- | --- | --- | --- |
|  Prisoner Name: |  |  OBSCIS: |  |

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| Presenting Symptoms |

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| Current Behavior, signs and symptoms exhibited which support referral for involuntary medication: |
| Is the behavior described above a directconsequence of the offender’s mental illness? | [ ]  | Yes | [ ]  | No |
| Clinical Rationale: |

### Mental Health

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| --- |
| Mental Health History:  |
| Current mental status exam and suicide/homicide risk: |
| Any impairment in activities of daily living? | [ ]  | Yes | [ ]  | No |
| Clinical Rationale: |

### Diagnosis

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| --- |
| Axis I |
| Axis II |
| Axis III |
| Comments: |
| Imminent risk of harm to self? | [ ]  | Yes | [ ]  | No |
| Clinical Rationale: |
| Imminent risk of harm to others? | [ ]  | Yes | [ ]  | No |
| Clinical Rationale: |
| Imminent risk to harm self/others due to grave disability? | [ ]  | Yes | [ ]  | No |
| Clinical Rational  |
| Is offender capable to give informed consent regarding medication? | [ ]  | Yes | [ ]  | No |
| Clinical Rationale: |
| Describe less restrictive alternative forms of treatment considered/attempted: |

### Medication Recommendations

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| --- |
| Voluntary and involuntary medication history (include response, side effects): |
| Would offender continue taking medicationwithout an involuntary medication order? | [ ]  | Yes | [ ]  | No |
| Clinical Rationale: |
| Agree with treating psychiatric provider’s recommendation? | [ ]  | Yes | [ ]  | No |
| Clinical Rationale: |
| Based on current behavior, sign, and symptoms what medications are recommended? |
| What are the potential side effects and/or risks of the recommended medication? |
| What are the potential benefits of the recommended medication? |

### Signatures

It is my medical opinion that the benefits anticipated from the recommended involuntary medication substantially outweigh the potential risks and/or side effects.

|  |  |  |
| --- | --- | --- |
| Name  | Title  | Date |
|  |  | Click here to enter a date. |