

**MENTAL HEALTH INSTITUTE
FORENSIC TEAM MEETING
PROGRESS NOTE**

Defendant _____ Level of Care _____ Unit _____
Social Security # _____ - _____ - _____ Legal Status _____ Medical Record # _____
Admission Date _____ Sex: M ___ F ___ Age _____ Date of Birth _____
Judge _____ Court _____ Docket # _____
Date 30 Days end _____ Outpatient Referral (Y/N) _____ Phone () _____
Hearing Date (if known) _____ Estimated Date of Discharge _____
Current Diagnosis (written) Axis I _____ Axis II _____
Change in legal status _____ Effective date of legal status change _____
Change in level of care _____ Effective date of level of care change _____
Status of Evaluation Process: Competent Yes ___ No ___ Undetermined ___ N/A ___
 Support for Insanity Defense Yes ___ No ___ Undetermined ___ N/A ___
 Committable Yes ___ No ___ Undetermined _____

CLINICAL DATA

If "Not Competent" explain: _____

If "Insanity Defense Supported" explain: _____

If "Remains Committable" explain: _____

COMMENTS _____

CURRENT PSYCHOTROPIC MEDS: _____

DISCHARGE PLAN (Include MOT) _____

Physician _____ Social Worker _____

Psychologist _____ Other _____

Recorded By _____ Date _____

(cont. on pg. 2? Yes ___ / No ___)

