

Inpatient Forensic Data Report

Facility: _____

Facility Code: _____

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Chart # (if applicable)

Defendant Last Name	<i>(PLEASE PRINT)</i>	First Name	MI
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Soc. Sec. # - - Date of Birth: / / Age:

mm / dd / yr

Race: 1=White/Caucasian 2=African American 3=American Indian Sex: Male Female
 4=Alaskan Native 5=Asian 6=Other _____

Request: 1=Competency Only 4=Incompetent & Committable 7=NGRI Indefinite Commitment
 2=Insanity Only 5=Competent but Committable 8=Diminished Capacity
 3=Competency & Insanity 6=30-60 Day NGRI 9=Comp, Ins, & DC

Court: 1=Criminal 3= General Sessions
 2=Circuit 4=Other County of Committing Court: _____

Nature of Crime: 1=Capital 2=Violent Felony 3= Violent Felony: Sex Offense
 4= Non-violent Felony 5= Misdemeanor

Specify Charge(s): _____

/ / Date Court Order Received
mm / dd / yr

/ / Admission Date Legal Status: _____
mm / dd / yr

/ / Discharge Date / / Date Letter Sent to the Court
mm / dd / yr

CMHC Previously Providing Forensic Evaluation: _____

Pre-admission Contact by CMHC Yes No

-----OUTCOME-----

Diagnosis: Axis I _____
 Axis II _____
 Axis III _____
 Axis IV _____
 Axis V _____

<p>Competent: <input type="checkbox"/></p> <p>1=Yes, CMHC follow-up 7=Deferred 2=Yes, No CMHC follow-up 8=N/A 3=No, Residential Treatment 9=N/A, Discharged from Elopement 4=No, CMHC Treatment A=N/A, Charges Dropped 5=No, Mentally Retarded B= Yes, Committable 6=No, Committable</p>	<p>Insanity: <input type="checkbox"/></p> <p>1=Yes 4=Deferred 2=No 5=N/A, Charges Dropped 3=N/A 6=N/A, Discharged from Elopement</p>
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Committable:

1=Yes, Mentally Ill	4=No	7=No, Civil MOT
2=Yes, Mentally Retarded	5=No, Mentally Retarded	8=No, Mental Health
3=Yes, Transfer to another facility	6=No, NGRI MOT	9=No, Refer to Residential Treatment

Referral To (MH provider) Yes No Name: _____

Referral To (MR provider) Yes No Name: _____