Inpatient Forensic Data Report

Facility: _____ Facility Code: _____

_____ _____ ____
Defendant Last Name (PLEASE PRINT) First Name MI

Soc. Sec. # ☐☐☐-☐☐-☐☐☐☐ Date of Birth: ☐☐/☐☐/☐☐ Age: ☐☐
mm / dd / yr

Sex: Male ☐ Female ☐

Race (check all that apply): ☐ White/Caucasian ☐ African American ☐ American Indian ☐ Asian
☐ Alaskan Native ☐ Other _____

Request (check all that applies):
☐ Competency to Stand Trial ☐ Committability ☐ Diminished Capacity
☐ Mental Condition at the Time of Crime ☐ Post Conviction, Mental Condition at Time of Crime
☐ Post-Conviction, Intellectual Disability ☐ Post-Conviction, Competency to Proceed

☐ 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
☐☐/☐☐/☐☐ Admission Date Legal Status: _____
☐☐/☐☐/☐☐ Discharge Date ☐☐/☐☐/☐☐ Date letter sent to the court
mm / dd / yr mm / dd / yr

CMHC Previously Providing Forensic Evaluation: _____

Preadmission Contact by CMHC ☐ Yes ☐ No

----------OUTCOME----------

Code	Primary Diagnosis	Category/Axis
Code	Diagnosis	Category/Axis
Code	Diagnosis	Category/Axis
Code	Diagnosis	Category/Axis
Code	Diagnosis	Category/Axis
Code	Diagnosis	Category/Axis
Code	Diagnosis	Category/Axis
Code	Diagnosis	Category/Axis
Code	Diagnosis	Category/Axis

PATIENT IDENTIFICATION (Label)		Dept. of Mental Health and Substance Abuse Services
		Inpatient Forensic Data Report
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Code	Diagnosis	Category/Axis
Code	Diagnosis	Category/Axis
Code	Diagnosis	Category/Axis
Code	Diagnosis	Category/Axis

Competent: ☐
1 =Yes 3 = Deferral
2 = No 4 = N/A

Insanity: ☐
1 = Yes 3 = Deferral
2 = No 4 = N/A

Committable: ☐ 1 =Yes 2 = No
3 = No, with MOT 4 = Deferred
5 = N/A

Recommendation: ☐
1 = MOT T.C.A. § 33-6-602 2 = Outpatient Treatment–MH 3 = Outpatient Treatment-MR
4 = Petition for Commitment-MH 5 = Petition for Commitment - MR