

TDMHSAS OUTPATIENT FORENSIC DATA REPORT

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DEFENDANT

SSN: - - **Date of Birth:** / /

First Name: _____ **Race:** Alaskan Native American Indian Asian
Last Name: _____ Black/African American Other Unknown
 White/Caucasian

Gender Male Female **Ethnicity:** Cuban Mexican/Mex. American Puerto Rican
 Other Hispanic Not of Hispanic Origin Unknown

Degree Advanced GED HS Diploma None Highest Grade Completed

Court: Circuit Criminal General Sessions Juvenile Other: _____

Felony Charges: _____ **Misdemeanor Charges:** _____

Nature of Crime: Capital Misdemeanor Non-Violent Felony Violent Felony: Sex Offense Violent Felony

County: _____ **Interpreter Required** Yes No

Defendant Location: DOC Jail Juvenile/Community Juvenile Detention Center On Bond

Provider: ASSESSMENT AND FORENSIC SERVICES **Evaluator(s):** _____

Date Court Order Rec'd or Training Initialized: / /
Date of Letter to Court: / /

PRIMARY DIAGNOSIS (CIRCLE ONE)			ADDITIONAL DIAGNOSIS (CIRCLE ALL THAT APPLY)		
Affective D/O	Disruptive Behavior D/O	None	Affective D/O	Disruptive Behavior D/O	None
Anxiety/PTSD	Malingering	Other	Anxiety/PTSD	Malingering	Other
Autism Spectrum	Medical Condition	Personality D/O	Autism Spectrum	Medical Condition	Personality D/O
Borderline IQ	Mental Retardation/ID	Psychotic D/O	Borderline IQ	Mental Retardation/ID	Psychotic D/O
Deferred	Neuro Injury/Disease	Substance Related/Addiction D/O	Deferred	Neuro Injury/Disease	Substance Related/Addiction D/O

COURT ORDERS/AUTHORIZATIONS

Evaluation: Competency to Stand Trial 301(a) Mental Condition at Time of Crime 301 (a) NGRI Committability 303 (a)
 Diagnosis, Treatment, Committability 128 Psychosexual 128
 Post-Convict, Competency to Proceed 301 (a) (4) Post Convict, Mental Retardation 301 (a) (4) Post-Convict, Mental Condition 301(a) (4)
at Time of Crime

>>>Items in italics require pre-authorization

Competency Training, Pre-hospitalization Competency Training, Post-hospitalization Additional Assessment Physician Services

OUTCOMES

Competent: Yes No Deferred N/A
 Insanity Defense Supported: Yes No Deferred N/A
 NGRI Committable: Yes No No. w/MOT

RECOMMENDATIONS

Refer to RMHI for Evaluation Refer to FSP
 Petition for commitment- MH None
 Petition for commitment- MR (HJC)

Key for Billing 7/1/23

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| <p>A = Eval for Competency (Misd)
 A Fel = Eval for Competency (Felony)
 B = Eval for Mental Condition (Misd)
 B Fel = Eval for Mental Condition (Felony)
 AJuv = Juv Evaluation for Competency
 BJuv = Juv Evaluation for Mental Condition
 ABJuv = Juv Evaluation for Competency & Mental Condition</p> | <p>W = Eval for Diag/Treatment/Recommen/Committable/A&D/MR
 K = Eval, NGRI Committable
 L = Outpatient Treatment Plan (Misd)
 L Fel = Outpatient Treatment Plan (Felony)
 X = Psychosexual Evaluation
 DC = Eval for Competency & Mental Condition in DOC custody, Comprehensive (Misd)
 DC Fel = Eval for Competency & Mental Condition in DOC custody, Comprehensive (Felony)</p> | <p>E = Additional Mental Health Assessment
 F = Physician Services
 T = Competency Training (Misd)
 T Fel = Competency Training (Felony)
 J = Post Conviction Eval (Misd)
 J Fel = Post Conviction Eval (Felony)</p> |
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