

30-60 Day NGRI Checklist

INSTITUTE: _____ NAME: _____ CHART #: _____

DATE ADMITTED: _____ CMHC or OTHER PROVIDER: _____

CMHC or OTHER PROVIDER CONTACT PERSON: _____

FIRST 30 DAYS

	<u>YES</u>	<u>NO</u>
1. Is there a court order under T.C.A. §33-7-303(c)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have the following been completed: Social History?	<input type="checkbox"/>	<input type="checkbox"/>
Psychological evaluation (if appropriate)?	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric evaluation?	<input type="checkbox"/>	<input type="checkbox"/>
Physical examination?	<input type="checkbox"/>	<input type="checkbox"/>
Dynamic Risk Assessment checklist (RAC)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the CMHC forensic coordinator or other provider been notified: Of the admission?	<input type="checkbox"/>	<input type="checkbox"/>
The possible need to assist with discharge planning?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have authorizations for release of information for victim/family/community notifications been acquired?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have risk management issues been included in the treatment plan?	<input type="checkbox"/>	<input type="checkbox"/>

60 DAYS

Has VRAG been completed?