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|  | **ALASKA DEPARTMENT OF CORRECTIONS** |

**Involuntary medication hearing request 807.16b**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Prisoner Information**

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| **Prisoner Name:** |  | **OBSCIS:** |  |

**Hearing Request**

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| Reason for request: |

**Information to Support Request**

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| --- | --- | --- | --- | --- |
| Current behavior, signs and symptoms exhibited which support referral for involuntary medications: | | | | |
| Mental health history: | | | | |
| Current mental status exam and suicide/homicide risk: | | | | |
| Any impairment in activities of daily living? |  | Yes |  | No |
| Describe: | | | | |

**Diagnosis**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Axis I | | | | | |
| Axis II | | | | | |
| Axis III | | | | | |
| Comments: | | | | | |
| Imminent risk of harm to self? |  | Yes |  | | No |
| Clinical Rationale: | | | | | |
| Imminent risk or harm to others? |  | Yes | |  | No |
| Clinical Rationale: | | | | | |
| Imminent risk to harm self/others due to grave disability? |  | Yes |  | | No |
| Clinical Rational | | | | | |
| Is offender capable to give informed consent regarding medication? |  | Yes |  | | No |
| Clinical Rationale: | | | | | |

**Voluntary/Involuntary Medication Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Describe efforts made and results to have offender voluntarily accept the medication and less restrictive treatment considered/attempted: | | | | |
| Voluntary and involuntary medication history (include response and side effects): | | | | |
| Would offender continue taking medication  without an involuntary medication order? |  | Yes |  | No |
| Clinical Rationale: | | | | |

**Recommendations**

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| --- |
| Based on current behavior, signs, and symptoms what medications are recommended? |
| What are the potential side effects and/or risks of the recommended medication? |
| What are the potential benefits of the recommended medication? |

**Signatures**

It is my medical opinion that the benefits anticipated from the recommended involuntary medication substantially outweigh the potential risks and/or side effects.

|  |  |  |
| --- | --- | --- |
| **Name** | **Title** | **Date** |
|  |  | **Click here to enter a date.** |