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# State of Alabama Department of Corrections

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JOHN Q. HAMM  
COMMISSIONER

March 8, 2024

ADMINISTRATIVE REGULATION  
NUMBER 616

OPR: HEALTH SERVICES

## PSYCHOTROPIC MEDICATION

### I. GENERAL

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes the policies, procedures, and responsibilities for selecting and ordering psychotropic medication for inmates within ADOC custody.

### II. POLICY

It is the policy of the ADOC to ensure that inmates within ADOC custody receive clinically appropriate psychotropic medication to appropriately treat diagnosed mental health and medical conditions.

### III. DEFINITIONS AND ACRONYMS

- A. **Abnormal Involuntary Movement Scale (AIMS)**: A clinical scale for rating abnormal movements that may occur as a neurological side effect of certain medications.
- B. **Against Medical Advice (AMA)**: This term indicates an inmate has refused to consent to a specific treatment, despite being informed that substantial evidence indicates that not accepting the treatment may worsen symptoms or undermine the inmate's chances of improvement.
- C. **Antipsychotic Medication**: Medications used to treat psychotic symptoms.
- D. **Bridge Order**: An order to continue a current psychotropic medication until further evaluation by a psychiatric provider.
- E. **Formulary**: A list of psychotropic medications that are available and pre-approved for use with inmates within ADOC custody.

- F. **Informed Consent**: The process of informing an inmate of the risks and benefits of a proposed treatment, as well as alternative treatment options, and documenting in writing the inmate's decision to accept (or reject) the recommendation.
- G. **Medication Consent Form**: A form that documents an inmate's informed decision to accept or decline a recommended medication in writing. The signature verifies that the inmate understands the risks, benefits, and alternatives, including the risk of not accepting the recommended treatment.
- H. **Mental Health (MH) Code**: A letter code assigned to each inmate that indicates whether the inmate is on the mental health caseload and the level of treatment required. There are five possible MH codes:
1. **MH-A**: Assigned to inmates not currently receiving mental health services and not on the mental health caseload.
  2. **MH-B**: Assigned to inmates who require outpatient mental health services, have demonstrated stable coping skills for at least six months, and can be housed in facilities that do not provide daily mental health services by mental health staff.
  3. **MH-C**: Assigned to inmates who require outpatient mental health services at a major facility and have any diagnosed mental disorder associated with a functional impairment that interferes with their ability to meet the ordinary demands of living.
  4. **MH-D**: Assigned to inmates receiving chronic or acute mental health services requiring placement in a specialized housing unit (e.g., Residential Treatment Unit (RTU) or Stabilization Unit (SU)).
  5. **MH-H**: A temporary mental health code reserved for use only by the ADOC Office of Health Services (OHS) indicating that an inmate with any other mental health code designations will be not be moved from the current housing unit or facility.
- I. **Non-Adherence**: Also referred to as non-compliance and refers to an inmate avoiding taking medication at the scheduled time and place. This may occur passively by not showing up at pill call (also see "No-show"). It may occur actively, as when an inmate engages in deceptive techniques such as:
1. **Cheeking**: A behavior in which an inmate hides medication in his or her mouth with the intent to avoid ingesting the dose.
  2. **Palming**: A behavior in which an inmate hides medication in his or her hand while giving the impression that he or she has taken the medication.

- J. **Polypharmacy**: An informal term used to indicate the prescription of more medications than are necessary to treat a condition. This is identified through clinical judgment and does not correspond to any specific number or types of medication.
- K. **Psychiatric Evaluation**: An evaluation conducted by a psychiatrist, or nurse practitioner in collaboration with a psychiatrist, to determine whether an inmate has a diagnosable mental health disorder, needs treatment, and should be placed on the mental health caseload.
- L. **Psychotropic Medication**: Medication prescribed for the treatment of a psychiatric disorder.
- M. **Vendor Psychiatric Provider**: A Vendor psychiatrist (or a Vendor mental health nurse practitioner under a collaborative agreement with a vendor psychiatrist) who is responsible for all mental health diagnoses, evaluations, and determinations regarding the appropriate mental health services (including selecting and ordering psychotropic medications) to an inmate within ADOC custody.

#### IV. **RESPONSIBILITIES**

- A. The ADOC Director of Mental Health Services is responsible for ensuring oversight of the development of this AR.
- B. The ADOC Director of Psychiatry is responsible for ensuring this AR is consistent with relevant professional standards.
- C. The ADOC Regional Psychologists are responsible for oversight and monitoring of the implementation of this AR.
- D. The Warden (or designee) at each facility is responsible for ensuring that ADOC security staff at that facility receive training on the implementation of this AR.
- E. The Vendor Mental Health Program Director is responsible for ensuring that all Vendor staff receives training on the implementation of this AR.
- F. The Vendor Psychiatric Director is responsible for ensuring that all Vendor psychiatric providers receive training on the implementation of this AR.
- G. The Vendor Health Services Administrator and the Vendor Mental Health Site Administrator at each facility are jointly responsible for ensuring that all Vendor staff at that facility receive training on the implementation of this AR.

## V. PROCEDURES

### A. Training:

All ADOC security staff and Vendor staff will complete all required and applicable trainings, which includes specialized training on psychotropic medications, in accordance with AR 608, *Staff Training in Mental Health*.

### B. Initiating Orders for Psychotropic Medications:

1. The Vendor psychiatric provider may initiate orders for psychotropic medications.
2. The Vendor general medical physicians and the Vendor general nurse practitioners may initiate orders for psychotropic medications where the ordered psychotropic medication either:
  - a. Has both psychotropic and other medical indications and is ordered to treat the indicated medical condition (e.g., an antidepressant-class psychotropic medication that is also indicated for chronic pain or a mood-stabilizing psychotropic medication that is also indicated for epilepsy).
  - b. Is clinically indicated for a diagnosed psychiatric disorder after consultation and collaboration with a Vendor psychiatric provider.
3. The Vendor mental health staff conducting Reception Mental Health Screenings in accordance with AR 610, *Reception Mental Health Screening*, will contact the Vendor psychiatric provider to request any necessary Bridge Orders for an inmate with a current order for psychotropic medication until the Vendor psychiatric provider conducts a psychiatric evaluation in accordance with AR 615, *Psychiatric Evaluations*.
  - a. The Vendor psychiatric provider will conduct a psychiatric evaluation on an inmate within twenty-four (24) hours from the Reception Mental Health Screening if the Vendor mental health staff conducting the Reception Mental Health Screening is unable to verify the current order for psychotropic medications for that inmate within twelve (12) hours from conducting the Reception Mental Health Screening.
4. The Vendor psychiatric provider will not initiate orders for psychotropic medication for an inmate either to control behaviors of that inmate that are unrelated to any diagnosed psychiatric disorder or as a form of punishment to that inmate.

C. Orders for Psychotropic Medications:

1. The Vendor ordering psychiatric provider will document the relevant diagnoses and the rationale and details for ordering the psychotropic medications on either:
  - a. ADOC Form MH-018, *Psychiatric Evaluation*, where the Vendor ordering psychiatric provider is initiating an order for psychotropic medication to begin on the same day that the order is completed.
  - b. ADOC Form MH-025, *Psychiatric/CRNP Progress Note*, where the Vendor ordering psychiatric provider is initiating an order for psychotropic medication on an established patient.
2. The Vendor ordering psychiatric provider may initiate a Bridge Order for a psychotropic medication without documenting the rationale and details for ordering that same psychotropic medication.
3. The Vendor psychiatric provider initiating an order for an Antipsychotic-Class Psychotropic Medication for an inmate will complete:
  - a. ADOC Form MH-019, *Abnormal Involuntary Movement Scale (AIMS)*, at the time that Vendor ordering provider initiates the order for the Antipsychotic-Class Psychotropic Medication.
  - b. ADOC Form MH-019A, *Abnormal Involuntary Movement Scale (Modified) Repeated Assessment*, at least every six (6) months for as long as the Vendor ordering provider continues the order for the Antipsychotic-Class Psychotropic Medication.
  - c. ADOC Form MH-019A, *Abnormal Involuntary Movement Scale (Modified) Repeated Assessment*, at a clinically appropriate time after the last administration of the Antipsychotic-Class Psychotropic Medication that the Vendor ordering provider discontinues.
4. The Vendor Psychiatric Director will maintain and regularly update guidelines consistent with relevant professional standards for Vendor psychiatric providers that lists both baseline and follow-up laboratory tests that should be obtained when initiating orders for psychotropic medications.

D. Informed Consent:

1. The Vendor ordering psychiatric provider will obtain Informed Consent from an inmate in accordance with AR 604, *Confidentiality in Mental*

*Health Services*, on the appropriate Medication Consent Form before initiating orders for the:

- a. Initial administration of a psychotropic medication to that inmate.
  - b. Continued administration of a psychotropic medication to that inmate for more than the initial one (1) calendar year.
  - c. Adjustment of the dose of a psychotropic medication administered to that inmate that is outside the anticipated dosing range specified in a previously completed Medication Consent Form.
  - d. Re-administration of a psychotropic medication to that inmate whose order was previously discontinued.
2. The Vendor Psychiatric Director will ensure that Vendor mental health staff at each facility maintain a set of pre-printed psychotropic Medication Consent Forms that must accompany every order for psychotropic medication and documents at least the following information:
- a. The name of the psychotropic medication (generic and brand, if appropriate).
  - b. The starting dose of the psychotropic medication.
  - c. The anticipated dosing range within which the inmate consents to try the psychotropic medication.
  - d. The purpose and expected benefits of the psychotropic medication.
  - e. The potential risks, including the common/mild and the rare/serious risks, of taking the psychotropic medication.
  - f. The potential risks of declining or the non-adherence to the recommended psychotropic medication.
  - g. The clinically appropriate alternative pharmacological and non-pharmacological treatments.
  - h. The right of the inmate to decline or withdraw informed consent at any time without impacting aspects of other mental health services.
  - i. The name, AIS number, and signature of the inmate.
  - j. The name, credentials, and signature of the Vendor ordering psychiatric provider.



psychotropic medication must be administered with food, specify the amount of food or certain number of calories rather than a “sack meal”) in accordance with AR 701, *Food Services Administration*.

2. The Vendor ordering psychiatric provider will consult with the ADOC Director of Nutrition Services when initiating an order for clinically appropriate dietary restrictions (e.g., when initiating orders for psychotropic medications with adverse side effects with specific food groups).
3. ADOC security staff and food service staff will collaborate with Vendor staff to ensure the implementation of any ordered dietary modifications and restrictions.

G. Timing and Duration of Psychotropic Medication Orders:

1. The Vendor ordering psychiatric provider may only initiate the order for the administration of psychotropic medication to an inmate either once or twice per day at the standard pill-call times unless more frequent administration is clinically appropriate.
2. The Vendor ordering psychiatric provider may order psychotropic medication be administered for a maximum of:
  - a. Ninety (90) days for an inmate housed at a major facility.
  - b. One-hundred twenty (120) days for an inmate housed at a work-release facility, if that inmate has been housed at a work-release facility for at least six (6) consecutive months, during which time that inmate has seen a Vendor psychiatric provider at least two (2) separate times for psychotropic medication management visits.

H. Treatment Planning:

The Treatment Team of an inmate being administered psychotropic medication will create, finalize, update, and review that inmate’s Treatment Plan in accordance with AR 622, *Treatment Planning*.

I. Follow-Up Visits and Monitoring:

1. The Vendor ordering psychiatric provider will conduct follow-up visits for mental health services with an inmate being administered psychotropic medications at intervals in accordance with the ADOC requirements for that inmate’s MH Code and appropriate level of care.

2. The Vendor ordering psychiatric provider will conduct follow-up visits for mental health services with an inmate requiring outpatient mental health services (i.e., with a MH Code of either MH-B or MH-C):
  - a. At least within thirty (30) days from ordering the initial administration of a new psychotropic medication (or sooner if clinically appropriate).
  - b. At least every ninety (90) days for subsequent follow-up visits (or sooner if clinically appropriate) for an inmate housed at a major facility.
  - c. At least every one-hundred twenty (120) days for subsequent follow-up visits (or sooner if clinically appropriate) for an inmate who is housed at a work-release facility and has received a 120-day psychotropic medication order in accordance with Section V.G.2.b. above.
3. The Vendor ordering psychiatric provider will conduct follow-up visits for mental health services with an inmate requiring chronic or acute mental health services requiring placement in a specialized housing unit (i.e., with a MH Code of MH-D):
  - a. At least within thirty (30) days from ordering the initial administration of a new psychotropic medication (or sooner if clinically appropriate) regardless of that inmate's current specialized housing unit.
  - b. At intervals in accordance with AR 632, *Stabilization Unit*, for an inmate housed in the SU.
  - c. At intervals in accordance with AR 633, *Residential Treatment Unit*, for an inmate housed in the RTU.
4. The Vendor mental health staff will provide the appropriate psychotropic medications and coordinate follow-up visits for mental health services to an inmate being discharged from ADOC custody in accordance with AR 628, *Inmate Discharge Planning*.

J. Psychotropic Medication Non-Adherence:

The Vendor psychiatric provider will assess and document an inmate's psychotropic medication adherence at every clinical visit and will provide that inmate with counseling on psychotropic medication non-adherence (e.g., encouraging adherence, the risk associated with non-adherence, etc.).

**VI. DISPOSITION**

Any forms used will be disposed of and retained according to the Departmental Records Disposition Authority (RDA).

**VII. FORMS**


- A. ADOC Form MH-018, *Psychiatric Evaluation*.
- B. ADOC Form MH-019, *Abnormal Involuntary Movement Scale (AIMS)*.
- C. ADOC Form MH-019A, *Abnormal Involuntary Movement Scale (Modified) Repeated Assessment*.
- D. ADOC Form MH-025, *Psychiatrist/CRNP Progress Note*.

**VIII. SUPERSEDES**

This Administrative Regulation supersedes AR 616, *Psychotropic Medication*, dated August 24, 2020, and any related changes.

**IX. PERFORMANCE**

- A. Code of Alabama 1975 § 14-1-1.1 *et seq.*
- B. *Braggs v. Hamm*, No. 2:14-cv-00601-MHT-JTA (M.D. Ala. filed June 17, 2014).
- C. NATIONAL COMMISSION ON CORRECTIONAL HEALTH CARE, STANDARDS FOR MENTAL HEALTH SERVICES IN CORRECTIONAL FACILITIES (2015).
- D. NATIONAL COMMISSION ON CORRECTIONAL HEALTH CARE, STANDARDS FOR HEALTH SERVICES IN PRISONS (2018).

  
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John Q. Hamm  
Commissioner

Alabama Department of Correction  
**Psychiatric Provider Evaluation**



Last Name	First Name	AIS
DOB: / /	Race/Ethnicity:	Gender
<input type="checkbox"/> Routine <input type="checkbox"/> Urgent <input type="checkbox"/> Emergent <input type="checkbox"/> In-Person <input type="checkbox"/> Tele-Health		
Facility:                      Housing: <input type="checkbox"/> GP <input type="checkbox"/> Crisis <input type="checkbox"/> RTU <input type="checkbox"/> SU <input type="checkbox"/> RHU <input type="checkbox"/> Other:		

**Reason for Evaluation and Chief Complaint**


**Present Problems and Symptoms**


**Review of Symptoms      Yes    No      Comments**

Depression			
Mania			
Psychosis			
Anxiety			
Posttraumatic			
Cognitive			
Behavioral			
Other/Details:			

**Psychiatric Treatment History (lifetime)**

<input type="checkbox"/> Y <input type="checkbox"/> N   Inpatient:
<input type="checkbox"/> Y <input type="checkbox"/> N   Outpatient:
<input type="checkbox"/> Y <input type="checkbox"/> N   MH Tx in jail:
Other info:

**Medical History (pertinent)**


Alabama Department of Correction  
**Psychiatric Provider Evaluation**



**History of Psychiatric Medications / Other Somatic Tx (lifetime)**

<input type="checkbox"/> Y <input type="checkbox"/> N Antipsychotic
<input type="checkbox"/> Y <input type="checkbox"/> N Mood Stabilizer
<input type="checkbox"/> Y <input type="checkbox"/> N Antidepressant
<input type="checkbox"/> Y <input type="checkbox"/> N Anxiolytic
<input type="checkbox"/> Y <input type="checkbox"/> N Stimulant
<input type="checkbox"/> Y <input type="checkbox"/> N Hypnotic
<input type="checkbox"/> Y <input type="checkbox"/> N Other:
<input type="checkbox"/> Y <input type="checkbox"/> N Hx Adverse Drug Reactions
Prior AIMS ( <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A) Date: _____ Result: _____
Additional Info:

**Suicidality and self-harm (lifetime history, including childhood)** *Check all applicable items.*

<input type="checkbox"/> Y <input type="checkbox"/> N SRA completed today		<input type="checkbox"/> Y <input type="checkbox"/> N SRA previously completed on / /	
<b>Suicide attempts (lifetime)</b>	<input type="checkbox"/> Never	<input type="checkbox"/> Firearm	Other/Details:
	<input type="checkbox"/> Once	<input type="checkbox"/> Hanging	
	<input type="checkbox"/> Multiple times	<input type="checkbox"/> Asphyxiation	
	<input type="checkbox"/> Unreported	<input type="checkbox"/> Poisoning	
	<input type="checkbox"/> Emergency care	<input type="checkbox"/> Jumping	
<input type="checkbox"/> Hospitalized	<input type="checkbox"/> Vehicle crash		
<b>Non-suicidal self-harm</b>	<input type="checkbox"/> Never	<input type="checkbox"/> Visible scars	Other/Details:
	<input type="checkbox"/> Cut/Scratch	<input type="checkbox"/> Provides relief	
	<input type="checkbox"/> Hit		
	<input type="checkbox"/> Burning		
	<input type="checkbox"/> Other		
<b>Tempting fate</b>	<input type="checkbox"/> Y <input type="checkbox"/> N (Actions with indifference to death):		
<b>Other into</b>			

**Aggression and Harm to Others (lifetime history, including childhood)** *Check all applicable items.*

<b>Altercations / assaults</b>	<input type="checkbox"/> No injuries	<input type="checkbox"/> No weapons	Other/Details:
	<input type="checkbox"/> Other injured	<input type="checkbox"/> Firearm used	
	<input type="checkbox"/> Fatal outcome	<input type="checkbox"/> Other weapon	
<b>Fantasies of harming someone</b>	<input type="checkbox"/> Current	<input type="checkbox"/> Persecutory	Other/Details:
	<input type="checkbox"/> Prior	<input type="checkbox"/> Obsessive	
	<input type="checkbox"/> Planned	<input type="checkbox"/> Has intent	
	<input type="checkbox"/> Acted	<input type="checkbox"/> Has means	

Alabama Department of Correction  
**Psychiatric Provider Evaluation**



**Social History (pertinent)**


**Substance Abuse/Addiction Treatment History (Lifetime)**

<input type="checkbox"/> Y <input type="checkbox"/> N	Outpatient tx/rehab
<input type="checkbox"/> Y <input type="checkbox"/> N	Residential tx/rehab
<input type="checkbox"/> Y <input type="checkbox"/> N	Overdose (accidental)
<input type="checkbox"/> Y <input type="checkbox"/> N	Withdrawal symptoms
<input type="checkbox"/> Y <input type="checkbox"/> N	Hx IVDA

**Objective/ Mental Status Examination (Provide details)**

<b>Consciousness / Cognition</b>	<input type="checkbox"/> Alert <input type="checkbox"/> Ox3
<b>Appearance</b>	<input type="checkbox"/> Good hygiene
<b>Behavior/ Attitude</b>	<input type="checkbox"/> Cooperative <input type="checkbox"/> Calm <input type="checkbox"/> Attentive
<b>Speech:</b>	<input type="checkbox"/> Coherent <input type="checkbox"/> NI Rate/Rhythm <input type="checkbox"/> Pressured <input type="checkbox"/> Rapid <input type="checkbox"/> Slow <input type="checkbox"/> Coherent
<b>Mood/affect:</b>	<input type="checkbox"/> Euthymic <input type="checkbox"/> Sad/down <input type="checkbox"/> Elevated <input type="checkbox"/> Irritable <input type="checkbox"/> Angry <input type="checkbox"/> Blunted/flat <input type="checkbox"/> Affect appropriate
<b>Thought Content</b>	<input type="checkbox"/> Appropriate <input type="checkbox"/> Over-valued ideas <input type="checkbox"/> Delusions <input type="checkbox"/> Obsessions <input type="checkbox"/> Impoverished
<b>Thought Process</b>	<input type="checkbox"/> Logical <input type="checkbox"/> Tangential <input type="checkbox"/> Loose associations <input type="checkbox"/> F.O.I. <input type="checkbox"/> Concrete
<b>Harm Self/Others</b>	Details:
<b>Perception:</b>	<input type="checkbox"/> Normal <i>Hallucinations:</i> <input type="checkbox"/> Auditory <input type="checkbox"/> Visual <input type="checkbox"/> Olfactory <input type="checkbox"/> Somatic <input type="checkbox"/> Tactile
<b>Insight &amp; Judgment</b>	<input type="checkbox"/> Good insight <input type="checkbox"/> Partial insight <input type="checkbox"/> No insight <input type="checkbox"/> Judgment Intact
<b>Neuro / EPS</b>	AIMS Today ( <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A)      Result:

**Diagnosis (Use DSM-5 terminology)**


Alabama Department of Correction  
**Psychiatric Provider Evaluation**



**Case formulation & Level of Function**


**Plan**

<b>Medication:</b>
<b>Lab Orders</b> <input type="checkbox"/> N <input type="checkbox"/> Y
<b>Psychotherapy/Counseling</b> <input type="checkbox"/> N <input type="checkbox"/> Y If yes, to be provided by:
<b>Consultation / Referral to Medical Service</b> <input type="checkbox"/> N <input type="checkbox"/> Y
<b>Patient Education</b> <input type="checkbox"/> Diagnosis <input type="checkbox"/> Consent <input type="checkbox"/> Patient Info Fact Sheet (PIF)
<b>Other:</b>

<b>Follow-up scheduled in:</b>
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<b>SMI:</b> <input type="checkbox"/> N <input type="checkbox"/> Y <b>MH-CODE:</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
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<b>Psychiatrist/NP Name/Credentials (Print):</b>	<b>Signature:</b>	<b>Date and Time:</b> ____/____/____ @ ____:____ AM/PM
<b>My signature verifies that I have interviewed and examined this individual in an <u>out-of-cell</u> setting that provides sound <u>confidentiality</u>. Explain any exceptions:</b>		

Alabama Department of Corrections  
**ABNORMAL INVOLUNTARY MOVEMENT SCALE (AIMS)**



**How to Rate Involuntary Movements:**

Rate highest severity observed. Rate movements that occur upon activation one less than those observed spontaneously.

**Code:**

- 0 – Normal, no involuntary movement
- 1 – Minimal, fleetingly present
- 2 – Mild, occurs more than four times
- 3 – Moderate, persistent
- 4 – Severe, very pronounced and continuous

<b>FACIAL AND ORAL MOVEMENTS</b>	MUSCLES OF FACIAL EXPRESSION: movements of forehead, eyebrows, periorbital area, cheeks; includes frowning, blinking, smiling, grimacing	0 1 2 3 4
	LIPS AND PERIORAL AREA: puckering, pouting, smacking	0 1 2 3 4
	JAW: biting, clenching, chewing, mouth opening, lateral movement	0 1 2 3 4
	TONGUE: rate only increase in movement both in and out of mouth NOT inability to sustain movement	0 1 2 3 4
<b>EXTREMITY MOVEMENTS</b>	UPPER (arms, wrists, hands, fingers): include choreic movements (rapid, objectively purposeless, irregular, spontaneous), athetoid movements (slow, irregular, complex, serpentine). DO NOT INCLUDE tremors (repetitive, regular, rhythmic)	0 1 2 3 4
	LOWER (legs, knees, ankles, toes): lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot	0 1 2 3 4
<b>TRUNK MOVEMENTS</b>	NECK, SHOULDER, and HIPS: rocking, twisting, squirming, pelvic gyrations.	0 1 2 3 4
<b>GLOBAL JUDGEMENTS</b>	SEVERITY OF ABNORMAL MOVEMENTS	0 1 2 3 4
	INCAPACITATION DUE TO ABNORMAL MOVEMENTS	0 1 2 3 4
	PATIENTS AWARENESS OF ABNORMAL MOVEMENTS: RATE ONLY PATIENT'S REPORT	0 1 2 3 4
	0 – No awareness                      3 – Aware, moderate distress 1 – Aware, no distress                4 – Aware, severe distress 2 – Aware, mild distress	
<b>DENTAL STATUS</b>	CURRENT PROBLEMS WITH TEETH AND/OR DENTURES	NO YES
	DOES PATIENT USUALLY WEAR DENTURES?	NO YES

**Assessing Clinician:**

Print:	Signature:	Date:
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<b>Inmate Name:</b>	<b>AIMS:</b>
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**ABNORMAL INVOLUNTARY MOVEMENT SCALE  
(MODIFIED)**

**Repeated Assessment**

## CODE

0 – Normal, no involuntary movement

1 – Minimal, fleetingly present

2 – Mild, occurs more than four times

3 – Moderate, persistent

4 – Severe, very pronounced and continuous

INVOLUNTARY MOVEMENT RATING		Rater:	Rater:	Rater:	Rater:
Rate highest severity observed. Rate movements that occur upon activation one <u>less</u> than those observed spontaneously.		Date:	Date:	Date:	Date:
FACIAL AND ORAL MOVEMENTS	MUSCLES OF FACIAL EXPRESSION: movements of forehead, eyebrows, periorbital area, cheeks; includes frowning, blinking, smiling, grimacing	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	LIPS AND PERIORAL AREA: puckering, pouting, smacking	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	JAW: biting, clenching, chewing, mouth opening, lateral movement	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	TONGUE: rate only increase in movement both in and out of mouth NOT inability to sustain movement	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
EXTREMITY MOVEMENTS	UPPER (arms, wrists, hands, fingers): include choreic movements (rapid, objectively purposeless, irregular, spontaneous), athetoid movements (slow, irregular, complex, serpentine). DO NOT INCLUDE tremors (repetitive, regular, rhythmic)	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	LOWER (legs, knees, ankles, toes): lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
TRUNK MOVEMENTS	NECK, SHOULDER, HIPS: rocking, twisting, squirming, pelvic gyrations.	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
GLOBAL JUDGMENTS	SEVERITY OF ABNORMAL MOVEMENTS	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	INCAPACITATION DUE TO ABNORMAL MOVEMENTS	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	INMATE'S AWARENESS OF ABNORMAL MOVEMENTS: rate only inmate's report	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	0 - No awareness 1 - Aware, no distress 2 - Aware, mild distress 3 - Aware, moderate distress 4 - Aware, severe distress				
DENTAL STATUS	CURRENT PROBLEMS WITH TEETH AND/OR DENTURES	NO YES	NO YES	NO YES	NO YES
	DOES INMATE USUALLY WEAR DENTURES?	NO YES	NO YES	NO YES	NO YES

Inmate Name	AIS #
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**Alabama Department of Corrections  
Psychiatric Provider Progress Note**



<b>Last Name</b>	<b>First Name:</b>	<b>AIS:</b>
DOB: / /      Age:	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent <input type="checkbox"/> Emergent	<input type="checkbox"/> In-Person <input type="checkbox"/> Tele-Health
Facility:	Housing: <input type="checkbox"/> GP <input type="checkbox"/> Crisis <input type="checkbox"/> RTU <input type="checkbox"/> SU <input type="checkbox"/> SLU <input type="checkbox"/> RHU <input type="checkbox"/> PHRU <input type="checkbox"/> WR	
<b>MH Code:</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D      Last change: / /	<b>SMI:</b> <input type="checkbox"/> Y <input type="checkbox"/> N      Last change: / /	

**Target Problems and Symptoms:**


**Current Medications (MAR Reviewed  Y    N)**


**Adherence:**

**Adverse Drug Reactions / Allergies:**

Weight / BMI:	Date: / /	Last AIMS: (Date)	Consents: (Date)
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**S/ (narrative)**


**O/ Mental Status Examination      (Describe pertinent details.)**

<b>Consciousness / Cognition</b>	<input type="checkbox"/> Alert <input type="checkbox"/> Ox3 <input type="checkbox"/> Attentive
<b>Appearance</b>	<input type="checkbox"/> Good hygiene
<b>Behavior/ Attitude</b>	<input type="checkbox"/> Cooperative <input type="checkbox"/> Calm <input type="checkbox"/> Agitated
<b>Speech:</b>	<input type="checkbox"/> Coherent <input type="checkbox"/> NI Rate <input type="checkbox"/> Pressured <input type="checkbox"/> Rapid <input type="checkbox"/> Slow
<b>Mood/affect:</b>	<input type="checkbox"/> Euthymic <input type="checkbox"/> Sad/down <input type="checkbox"/> Elevated <input type="checkbox"/> Irritable <input type="checkbox"/> Angry <input type="checkbox"/> Blunted/flat <input type="checkbox"/> Affect appropriate
<b>Thought Content</b>	<input type="checkbox"/> Appropriate <input type="checkbox"/> Over-valued ideas <input type="checkbox"/> Delusions <input type="checkbox"/> Obsessions <input type="checkbox"/> Impoverished

**Alabama Department of Corrections  
Psychiatric Provider Progress Note**



<b>Harm</b>	<input type="checkbox"/> <b>None</b> <b>Suicide:</b> <input type="checkbox"/> Ideation <input type="checkbox"/> Plan <input type="checkbox"/> Intent <input type="checkbox"/> Tempting fate <b>NSSI:</b> <input type="checkbox"/> Ideation <input type="checkbox"/> Plan <input type="checkbox"/> Intent <b>Aggression:</b> <input type="checkbox"/> Ideation <input type="checkbox"/> Intent
<b>Thought Process</b>	<input type="checkbox"/> Logical <input type="checkbox"/> Tangential <input type="checkbox"/> Loose associations <input type="checkbox"/> F.O.I. <input type="checkbox"/> Concrete
<b>Perception:</b>	<input type="checkbox"/> Normal <i>Hallucinations:</i> <input type="checkbox"/> Auditory <input type="checkbox"/> Visual <input type="checkbox"/> Olfactory <input type="checkbox"/> Somatic <input type="checkbox"/> Tactile If hallucinations, any command-type? <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N/A
<b>Insight &amp; Judgment</b>	<input type="checkbox"/> Good insight <input type="checkbox"/> Partial insight <input type="checkbox"/> No insight <input type="checkbox"/> Y <input type="checkbox"/> N Judgment Intact
<b>Neuro / EPS</b>	<input type="checkbox"/> Y <input type="checkbox"/> N     Current AIMS:     /     /         Other/Details:

<b>Lab Review:</b>	New results: <input type="checkbox"/> Y <input type="checkbox"/> N
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<b>A/</b> (Use DSM-5 Diagnosis; Include differential diagnosis)
Formulation/Summary (Include risk assessment)

<b>P/</b> Include Rx and lab orders)
Patient Education: <input type="checkbox"/> Diagnosis <input type="checkbox"/> Consent Form <input type="checkbox"/> Patient. Info Fact sheet (PIF)
Referrals <input type="checkbox"/> NP <input type="checkbox"/> LBHP <input type="checkbox"/> BH Nurse <input type="checkbox"/> Medical <input type="checkbox"/> Other <input type="checkbox"/> None
Reason for referral(s):
Return visit in:

<b>Psychiatrist / NP:</b> (Print)	Sign:
<b>My signature verifies this person was seen out-of-cell in a setting that provided sound confidentiality. Note any exceptions:</b>	

<b>Date:</b> /     /	<b>Start time:</b> :	<b>AM PM</b>	<b>End Time:</b> :	<b>AM PM</b>
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