TEXAS DEPARTMENT OF CRIMINAL JUSTICE
MENTAL HEALTH DISCIPLINARY REVIEW FORM

Inmate Name_______________________________________TDCJ#__________________________

Date__________________________ Facility___________________ Case ID#__________________

The following clinical determination has been made by a Qualified Mental Health Professional (QMHP):

1._____ There is no input determined by the QMHP to be relevant to the processing of the above disciplinary case.

2._____ A QMHP must be contacted for specific input before proceeding with the disciplinary process.

QMHP printed name

__________________________________
QMHP signature Date