OFFENDER 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