

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
MENTAL HEALTH DISCIPLINARY REVIEW FORM

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