

A-08.6 Attachment A Effective: 5/2/2013 Reviewed: 07/2021
TDCJ-Texas Correctional Office on Inmates with Medical or Mental Impairments
MEDICALLY RECOMMENDED INTENSIVE SUPERVISION SCREENING FORM

Patient Name: <tag> TDCJ# <tag> DOB: <tag> Age: <tag> Race <tag> Gender <tag>

Date/Time:	<tag>	Provider:	<tag name of provider completing order>
Facility:	<tag>	Previous MRIS Summary date:	(type in date of most recent MRIS Medical summary)

SCREENING FORM TO BE COMPLETED BY PHYSICIANS OR MIDDLELEVEL PROVIDERS

1. Is this inmate currently in a persistent vegetative state? _____ Yes _____ No

***Persistent Vegetative State** – A condition of profound non-responsiveness in the wakeful state caused by brain damage at any level and characterized by a non-functioning cerebral cortex, absence of response to the external environment, akinesia, mutism, and inability to signal.*

2. Is this inmate suffering from organic brain syndrome? _____ Yes _____ No

***Organic Brain Syndrome** - Any of a group of chronic syndromes involving temporary or permanent impairment of brain function caused by trauma, infection, toxin, tumor or tissue sclerosis, and causing mild to severe impairment of memory, orientation, judgment, intellectual functions and emotional adjustment.*

3. Is this inmate terminally ill (Life Expectancy of less than 6 Months)? _____ Yes _____ No

***Terminally Ill** – Having an incurable condition expected to result in death within six (6) months regardless of life sustaining treatment and requiring skilled nursing, hospice, or home health care.*

4. Does this inmate’s condition require long-term care? _____ Yes _____ No

***Long Term Care** - Care provided to a person who is deficient in the area of self-care and where there is a reasonable medical probability that the clinical condition(s) producing that inability will not change over time and requires nursing care.*

5. Is this inmate physically handicapped? _____ Yes _____ No

***Physically Handicapped** - Having a severe, chronic disability that is likely to continue indefinitely and results in substantial functional limitations in three or more of the following areas of major life activity: self care, self-direction, learning, receptive and expressive language, mobility, capacity for independent living, or economic self-sufficiency. These limitations are reflected in the inmate’s need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services of extended or lifelong duration that are individually planned and coordinated.*

6. Has a previous MRIS Summary been completed for this inmate? _____ Yes _____ No

a. If yes, when was the last summary completed? Date: _____

b. Has the inmate’s condition changed since the last MRIS summary? _____ Yes _____ No

<TAG NAME> <TAG TDCJ #> <TAG DOB> <TAG DATE/TIME>	MRIS SCREENING
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