

A-08.6 Attachment A Effective: 5/2/2013 Reviewed: 07/18
TDCJ-Texas Correctional Office on Offenders 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 offender 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 offender 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 offender 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 offender’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 offender 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 offender’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 offender? _____Yes _____No

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

b. Has the offender’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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