

**PAMIO**  
**ADMISSION REFERRAL**  
**APPLICATION**

Offender's name: \_\_\_\_\_ TDCJ #: \_\_\_\_\_ Date: \_\_\_\_\_

Referring unit: \_\_\_\_\_

Custody Level: \_\_\_\_\_ Ad Seg \_\_\_\_\_ Close Custody

PULHES: P \_\_\_\_\_ U \_\_\_\_\_ L \_\_\_\_\_ H \_\_\_\_\_ E \_\_\_\_\_ S \_\_\_\_\_

**Current Mental Health Diagnoses:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current Treatment** (check all that apply):

- On mental health caseload
- Receiving counseling
- Receiving psychoactive medications (if checked, please list them below)

Meds: \_\_\_\_\_

**Aggressive Behaviors** (check all that apply):

*Check if, in the past 24 months, the patient has either received a sustained disciplinary case for the behavior or has been noted in writing in the medical record to have exhibited the behavior.*

- |   |   |
|---|---|
| <input type="checkbox"/> Assaulting an officer or other staff member        | <input type="checkbox"/> Participating in or inciting to riot                       |
| <input type="checkbox"/> Assaulting another inmate                          | <input type="checkbox"/> Participating in sexual abuse of another person            |
| <input type="checkbox"/> Fighting with a weapon                             | <input type="checkbox"/> Abusing an animal  |
| <input type="checkbox"/> Fighting without a weapon                          | <input type="checkbox"/> Damaging or destroying property                            |
| <input type="checkbox"/> Possessing a weapon                                | <input type="checkbox"/> Self-harming behaviors such as cutting, head-banging, etc. |
| <input type="checkbox"/> Threatening an officer or other staff member       | <input type="checkbox"/> Sexual misconduct  |
| <input type="checkbox"/> Threatening other inmates                          | _____   |
| <input type="checkbox"/> Cursing staff or using indecent or vulgar language | _____   |

**Checklist for successful referral:** (If some criteria are not met, it is possible that referral will not be appropriate.)

- The patient is Administrative Segregation or Close Custody.
- The patient has both a demonstrable mental health need and aggressive behavior.
- The patient's medical needs can be met through an outpatient infirmary service.
- The patient is intellectually capable of participating in and benefiting from a cognitively-oriented program.

The patient has signed:

- Voluntary Approval of Admission to an Inpatient Psychiatric Facility – HSP16.
- Informed Consent and Limits of Confidentiality – HSP3.

Name & phone # of referring clinician: \_\_\_\_\_

TDCJ e-mail address: \_\_\_\_\_

Other e-mail address: \_\_\_\_\_