

Mental Health Therapeutic Diversion Program Referral Form

Attachment A

Scan referral to the MHTDP via electronic health record email.

Referral date: _____ Unit: _____

Referring clinician: _____

Offender name: _____ Offender TDCJ # _____

What makes this offender psychiatrically in need of the outpatient Therapeutic Diversion Program?

Projected release date: _____ (Must have at least 1 year left on their sentence)

Custody level: _____ PUHLES "S" _____

ICD-10 DSM 5 Diagnosis _____

Current mental health medications _____