

# INMATE TRANSFER INFORMATION FORM

This form does not include comprehensive information! Intake screening should be completed!

## TRANSFER INFORMATION:

Inmate Name: \_\_\_\_\_ Inmate DOB: \_\_\_\_\_  
Inmate SID#: \_\_\_\_\_ Date of Transfer: \_\_\_\_\_  
Transferred to: \_\_\_\_\_ Transferred from: \_\_\_\_\_  
Transporting Agency: \_\_\_\_\_ Transporting Officer: \_\_\_\_\_  
Reason for Transfer: \_\_\_\_\_

Information Prepared by: \_\_\_\_\_ Contact # \_\_\_\_\_

Signature of Preparer: \_\_\_\_\_

Date in our custody? From: \_\_\_\_\_ To: \_\_\_\_\_

This person is: \_\_\_\_\_ to be held for return to our custody \_\_\_\_\_ not to be held for return to our custody

## CHARGE INFORMATION:

Do the current charge(s) involve:

Violence      Drugs      Minors      Weapons      Escape      Sexual Activity

Reason for Incarceration (specific charges; convicted or pending): \_\_\_\_\_

## PHYSICAL HEALTH INFORMATION:

Current Physical Health Status:      No Issues      On Medication      Receiving Treatment

Check to indicate any current or past health issues you are aware of:

_____ Epilepsy/Seizures	_____ Heart Ailments	_____ Physical Disability
_____ High Blood Pressure	_____ Ulcers	_____ Hearing Problems
_____ Diabetes	_____ Asthma	_____ Vision Problems
_____ Drug/Alcohol Withdrawal	_____ Allergies	_____ Pregnancy

Explain physical health issues requiring treatment: \_\_\_\_\_

List current medication information:

<u>Medication</u>	<u>Dose</u>	<u>Instructions</u>	<u>Transferred w/Inmate</u> <input checked="" type="checkbox"/>
_____			<input type="checkbox"/>

List special diet concerns (medical/religious): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MENTAL HEALTH INFORMATION:**

Current Mental Status:           Alert                   Non-Responsive           Confused           Suicidal/Depressed

Has been on suicide watch while in the facility:           Yes           No

Check any current or past mental health issues, or any observations which may indicate one:

- |                                |                         |                                  |
|--------------------------------|-------------------------|----------------------------------|
| _____ Suicidal Statements      | _____ Depression        | _____ Non-Responsive             |
| _____ Suicidal Gesture/Attempt | _____ Bi-Polar Disorder | _____ Unreasonable Fear          |
| _____ Strong Guilt Feelings    | _____ Schizophrenia     | _____ Religious Fixation         |
| _____ Very Emotional           | _____ Psychosis         | _____ Poor Hygiene/Social Skills |

Explain mental health issues requiring treatment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BEHAVIOR ISSUES:**

Check any current or past behavior/special management concerns or observations that may indicate an issue:

- |  |  |
|--|--|
| _____ Escape/escape attempt/escape threat                | _____ Involvement with weapons, drugs,           |
| _____ Disciplinary problems                              | contraband, trafficking                          |
| _____ Criminal threat group or gang activities           | _____ Disciplinary problems                      |
| _____ Assault on staff/threaten to assault staff         | _____ Crimes against minor(s)                    |
| _____ Assault Inmate(s)/threaten to assault inmate(s)    | _____ Special Skills; military, law enforcement, |
| _____ Medical needs/hunger strike                        | martial arts, electronics, etc.                  |
| _____ Arson/cell flooding/destruction of property        | _____ Enemies in or about to enter the system    |
| _____ Threatening or pressuring others                   | _____ Other: _____                               |
| _____ Testimony separation/requesting protective custody | _____  |
|  | _____  |

Explain behavior issues requiring classification attention: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_