

**TEXAS UNIFORM HEALTH STATUS UPDATE**

*This form MUST accompany all offenders transferred to and from all Texas criminal justice entities.*

**I. DEMOGRAPHICS**  
 NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ RACE: \_\_\_\_\_  
 WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ SEX:  MALE  FEMALE  
 CCQ MATCH (CARE) CCQ NAME: \_\_\_\_\_ State ID #: \_\_\_\_\_

**II. CURRENT/HISTORY OF HEALTH PROBLEMS, TO INCLUDE CHRONIC HEALTH PROBLEMS**  
**MENTAL HEALTH AND INTELLECTUAL OR DEVELOPMENTAL DISABILITY (IDD)**  
 NO CURRENT MENTAL HEALTH OR IDD NEEDS  NO HISTORY OF MENTAL HEALTH OR IDD NEEDS  
 MENTAL HEALTH DIAGNOSIS: \_\_\_\_\_  IDD DIAGNOSIS: \_\_\_\_\_  
 ALZHEIMER'S DISEASE  DEMENTIA  COGNITIVE DISORDER(S) TYPE: \_\_\_\_\_  
 SUICIDAL  ACTIVE  RECENT  HISTORY  HAS BEEN PSYCHIATRICALY STABLE FOR 30 OR MORE DAYS  
 COMPETENCY RESTORATION  INPATIENT  JAIL BASED  OUTPATIENT  UNKNOWN  
 DATE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

**MEDICAL (PHYSICAL HEALTH)**

NO CURRENT MEDICAL PROBLEMS  NO HISTORY OF MEDICAL PROBLEMS  
 DIABETES  INSULIN  SPECIAL DIET  
 PREGNANCY NO. OF WEEKS: \_\_\_\_\_  HIGH RISK  
 CARDIOVASCULAR/HEART TROUBLE DIAGNOSIS: \_\_\_\_\_  
 DRUG ABUSE  DETOX TYPE/STATUS: \_\_\_\_\_  
 ALCOHOL ABUSE  DETOX TYPE/STATUS: \_\_\_\_\_  
 ORTHOPEDIC PROBLEMS TYPE(S): \_\_\_\_\_  
 ASTHMA  DENTAL NEED  DIALYSIS  HYPERTENSION  OXYGEN  SEIZURE  
 RECENT SURGERY DATE(S): \_\_\_\_\_ TYPE(S): \_\_\_\_\_

**III. SPECIAL NEEDS (CHECK ALL THAT APPLY)**

**HOUSING**

NONE  SKILLED NURSING  EXTENDED CARE  PSYCHATRIC INPATIENT  
 ISOLATION DUE TO: \_\_\_\_\_  OTHER: \_\_\_\_\_

**TRANSPORTATION**

NO RESTRICTIONS  AMBULANCE  CRUTCHES/CANE/WALKER  WHEELCHAIR/WHEELCHAIR VAN  
 INDEPENDENT WITH SPECIALTY SHOES  PROSTHESIS TYPE(S): \_\_\_\_\_

**OTHER NEEDS**

ALLERGIES \_\_\_\_\_  PENDING SPECIALTY CLINIC TYPE: \_\_\_\_\_  
 FUNCTIONAL LIMITATIONS: \_\_\_\_\_

**IV. COMMUNICABLE DISEASES (CHECK ALL THAT APPLY)**

HEPATITIS A  HEPATITIS B  HEPATITIS C  
 HIV/HIV ANTIBODY TEST DATE: \_\_\_\_\_ RESULTS:  NEGATIVE  POSITIVE CD4: \_\_\_\_\_ DATE: \_\_\_\_\_  
 SYPHILLIS DATE: \_\_\_\_\_ TYPE: \_\_\_\_\_ TREATMENT COMPLETED:  YES  NO  
 TUBERCULOSIS  
 SKIN TEST GIVEN:  NO  YES RESULTS:  NEGATIVE  POSITIVE DATE READ: \_\_\_\_\_ MM\*  
 X-RAY PERFORMED:  NO  YES RESULTS:  NORMAL  ABNORMAL DATE READ: \_\_\_\_\_  
 CLEARED FOR TRANSPORTATION  NO  YES  
*\*NOTE: if any TB treatment has been recommended, the X-Ray was abnormal or skin test indicates infection please attach TB record*

**V. OTHER HEALTH CARE PROBLEMS:** \_\_\_\_\_

**VI. CURRENT PRESCRIBED MEDICATIONS:**  NONE

MEDICATION	DOSAGE	FREQUENCY	REASON

**COMPLETED BY:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ **FACILITY:** \_\_\_\_\_

*NOTE: For continuity of care and other healthcare concerns, please contact the receiving party in advance.  
 For TDCJ transfers, please call the Health Services Liaison at 936-437-3589  
 When screening substance abuse facility offenders, please contact the TDCJ Rehabilitation Programs Division Administrator at 936-437-2839 for offenders with any chronic disease/symptoms deemed unstable.*

## INSTRUCTIONS

**This form MUST accompany all offenders transferred to and from all Texas criminal justice entities.**

For the purposes of this form, the term “diagnosis” refers to a written diagnosis from a physician or licensed professional qualified to make a diagnosis.

- I. Demographics:
  - a. Print the inmate/patient’s name, date of birth (DOB), age, race, weight and height.
  - b. Place a check mark next to the appropriate label for sex.
  - c. Select **CCQ Match** if there is a record of the inmate/patient in the cross-referenced MH/MR database (CARE); **CCQ Name**, print the inmate/patient’s name from the CARE database if different from the booking/conviction name.
  - d. Print the inmate/patient’s State Identification (SID) number.
  
- II. Current/History of Health Problems, including Chronic Health Problems (*Check all that apply*)
  - a. Mental Health and Intellectual or Developmental Disability (IDD)
    - i. Select **No Current Mental Health or IDD Needs**, if applicable.
    - ii. Select **No History of Mental Health or IDD Needs**, if applicable.
    - iii. Select **Mental Health**, if the inmate/patient currently has or has had a mental health diagnosis; print the diagnosis.
    - iv. Select **IDD**, if the inmate/patient currently has or has had an intellectual or developmental disability; print the diagnosis.
    - v. Select **Alzheimer’s disease**, if applicable; print the diagnosis.
    - vi. Select **Dementia**, if applicable; print the diagnosis.
    - vii. Select **Cognitive Disorder(s)**, if applicable and indicate the type; print the diagnosis.
  - b. Select **Suicidal**, if the inmate/patient has expressed suicidal thoughts or attempted suicide.
    1. Select **Active, Recent** or **History** to provide framework for receiving facility’s knowledge about the inmate/patient.
    - ii. Select **PSYCHIATRICALY STABLE FOR 30 OR MORE DAYS**, if the inmate/patient has been stabilized in their mental health symptoms for more than 30-days. Example: Inmate/patient has not been on suicide watch/observation or committed to mental health inpatient care within the past 30-days.
    - iii. Select **Inpatient, Jail Based, Outpatient** or **Unknown**; if the inmate/patient is or has participated in any of the listed applicable Competency Restoration programs. Print any known available dates and corresponding location of Competency Restoration occurrence.
  - c. Medical (Physical Health)
    - i. Select **No Current Medical Problems**, if applicable.
    - ii. Select **No History of Medical Problems**, if applicable.
    - iii. Select **Diabetes**, if the inmate/patient has a diagnosis.
      1. Select **Insulin**, if the inmate/patient requires insulin for management of diabetic symptoms.
      2. Select **Special Diet**, if the inmate/patient requires a special diet for management of diabetic symptoms (may be selected independently of selection of Insulin).
    - iv. Select **Pregnancy**, if the inmate/patient is currently pregnant; and confirmed with a test; print the number of weeks of gestation; print unknown if number of weeks is not known.
      1. Select **High Risk**, if the pregnancy is considered high risk.
    - v. Select **Cardiovascular/Heart Trouble**, if the inmate/patient has or has a history of coronary artery disease (CAD), heart attack, angina pectoris and/or congestive heart failure; print diagnosis.
    - vi. Select **Drug Abuse**, if the inmate/patient is currently or has a history of substance abuse treatment.

1. Select **Detox**, if the inmate/patient is currently or has recently been in detox; print current status of inmate/patient's detox, Example: Active Withdrawal Symptoms.
- vii. Select **Alcohol Abuse**, if the inmate/patient is currently or has a history of alcohol abuse treatment.
  1. Select **Detox**, if the inmate/patient is currently or has recently been in detox; print current status of inmate/patient's detox, Example: Active Withdrawal Symptoms.
- viii. Select **Orthopedic Problems**, if the inmate/patient has or has had chronic joint complaints or recent/current fractured or broken bones; print the types of complaints or locations of fracture or break.
- ix. Select **Asthma**, if the inmate/patient has been diagnosed as a result of sudden attack shortness of breath accompanied by wheezing, caused by spasm of the airway or swelling of the airway.
- x. Select **Dental Need**, if there are any current dental problems the inmate/patient claims need attention.
- xi. Select **Dialysis**, if the inmate/patient is on dialysis and receiving treatment.
- xii. Select **Hypertension**, if the inmate/patient is currently being treated with medications or diet.
- xiii. Select **Oxygen**, if the inmate/patient requires current use of an oxygen tank continuously or as needed (supplemental) and/or uses a CPAP machine.
- xiv. Select **Seizure**, if the inmate/patient has or has had current or history of seizures.
- xv. Select **Recent Surgery**, if the inmate/patient has undergone a recent surgery; print the date or dates of the event and indicate the type of surgery or reason for surgery.

### III. Special Needs *(Check all that apply)*

#### a. Housing

- i. Select **None**, if the inmate/patient does not currently require any specialized housing due to a physical or mental health concern, Example: the offender is eligible for general population with no special accommodations.
- ii. Select **Skilled Nursing**, if the inmate/patient has a temporary problem requiring inpatient nursing care.
- iii. Select **Extended Care**, if the inmate/patient has a permanent condition requiring long-term inpatient nursing care.
- iv. Select **Psychiatric Inpatient**, if the inmate/patient is in need of crisis management or is currently participating in inpatient-level psychiatric care.
- v. Select **Isolation due to**, if the inmate/patient is currently or needs to be in isolation due to a health problem. Example: active Tuberculosis, Chicken Pox or Measles; print the reason for the isolation.
- vi. Select **Other**, if the inmate/patient has a current need for specialized housing due to the medical and or mental health problem and print description of housing need/type.

#### b. Transportation

- i. Select **No Restrictions**, if the inmate/patient is able to independently walk greater than 25-yards and/or requires no assistance or assistive devices to move about.
- ii. Select **Ambulance**, if the inmate/patient requires an ambulance to transport between facilities.
- iii. Select **Crutches/Cane/Walker**, if the inmate/patient needs or utilizes crutches, a cane or a walker to move around.
- iv. Select **Wheelchair/Wheelchair Van**, if the inmate/patient requires or needs a wheelchair to move distances greater than 25-yards and/or requires a wheelchair accessible van for transport between facilities.
- v. Select **Independent with Specialty Shoes**, if the inmate/patient is able to walk distances greater than 25-yards on their own if using specialty footwear.
- vi. Select **Prosthesis**, if the inmate/patient has a prosthesis; print a description.

- c. Other Needs
  - i. Select **Allergies**, if the inmate/patient has any known allergies; print description of all that apply
  - ii. Select **Pending Specialty Clinic**, if the inmate/patient has a pending specialty clinic appointment or need; print a description of the type of specialty clinic and location, Example: Oncology chemotherapy at local hospital.
  - iii. Select **Functional Limitations**, if the inmate/patient is unable, needs assistance or needs prompting to accomplish Activities of Daily Living (ADL); Example: can the inmate/patient eat, bathe, dress, toilet and/or move about independently? If not, to what degree is assistance needed; print description.

IV. Communicable Diseases

- a. Select **Hepatitis A, Hepatitis B, or Hepatitis C**, if the inmate/patient has an active infection.
- b. Select **HIV/HIV Antibody**, if the inmate/patient is suspected of having or has; print the test date and select the results (**Negative** or **Positive**) and print the last known CD4 count and Date, as applicable.
- c. Select **Syphilis**, if the inmate/patient is suspected of having or has; print the date of diagnosis/testing and type; select treatment completion status (**Yes** or **No**).
- d. Select **Tuberculosis**, if the inmate/patient is suspected of having or has a tuberculosis history.
  - i. Select **No** or **Yes**, if a skin test was completed.
  - ii. Select **Negative** or **Positive**, skin-test result outcomes; print the date the test was read; print the MM\* or reaction, if no reaction print 0.
  - iii. Select **No** or **Yes**, whether an X-Ray was performed.
  - iv. Select **Negative** or **Positive**, X-Ray result outcomes; print the date of the reading.
  - v. Select **No** or **Yes**, if the inmate/patient is cleared for transport

V. Other Health Care Problems

- a. Print any additional conditions the inmate/patient has that might indicate need of medical care, Example: body deformities, swelling, open wounds, skin discoloration, rashes, needle marks, severe dental problems, etc.

VI. Current Prescribed Medications

- a. Select **None**, if the inmate/patient is not currently prescribed medications.
- b. If the inmate/patient is prescribed medications complete areas of the table fully with, name of **Medication**, prescribed **Dosage**, prescribed administration **Frequency**, and **Reason** the inmate/patient is on the medication.

Upon completion of the form, fill out the following fields legibly: **Completed by, Title, Date, Phone, and Facility**