

**FLORIDA DEPARTMENT OF CORRECTIONS
OFFICE OF HEALTH SERVICES
STAFF REQUEST/REFERRAL**

Directions: Sender (referring/requesting staff) completes section I, initials his/her name, retains blue copy, and forwards original and canary copy to addressee. Addressee (responding staff) completes section II, signs, files original, and returns canary copy to sender.

SECTION I

TO: _____, _____
Addressee's Name Addressee's Area/Service
_____ Correctional Institution

FROM: _____, _____
Sender's Name and Initials (vs. signature) Sender's Area/Service

DATE: _____ **TIME:** _____

Inmate's Housing (Check) AC DC PM CM MM Open Population
 Infirmary IMR Observation Cell TCU CSU MHTF

Request/Referral Type: Routine (respond within seven [7] days)
 Urgent/Emergent (respond immediately)*

*Urgent/Emergent referrals must be made via telephone and then followed up immediately with this form.

Reason for Request/Referral (Check all that apply and provide details):

- Inmate's history includes following factors/events of concern: _____

- Inmate currently displays following behaviors of concern: _____

- Other: _____

SECTION II

- Inmate was seen on _____ (date) regarding the above referral.
- Call-out/appointment for the inmate will be scheduled regarding the above referral.
- Other: _____

Responding Staff's Signature _____ Date: _____

Responding Staff's Name/Title (print or type): _____

Inmate Name _____
DC# _____ **Race/Sex** _____
Date of Birth _____
Institution _____

Distribution: Original—Addressee (filed in medical record)
Canary— Sender (returned to sender)
Blue—Sender's file