

Narrative (Include page and section)

Include as additional information: Addendum to CDCR MH-7363 dated: Add as: Update Addendum

Large empty rectangular area for entering the narrative text.

Date: Institution: Name/Title: Signature:

1. Disability Code:

- TABE score ≤ 4.0
- DPH DPV LD
- DPS DNH
- DNS DDP
- Not Applicable

2. Accommodations:

- Additional Time
- Equipment SLI
- Louder Slower
- Basic Transcribe
- Other*

3. Effective Communication:

- P/I asked questions
- P/I summed information
- Please check one:**
- Not Reached* Reached
- *See chrono/notes

4. Comments:

CDCR #:

Last Name:

First Name:

DOB:

MI:

Involuntary Medication Notice: ADD-A-PAGE
 CDCR MH-7363-B (09/14)

Instructions

Purpose of Involuntary Medication Notice: Add-A-Page: This add-a-page is to be used when there is not sufficient space on the original document.

1. At the top of the page, check the box to indicate if the reason for the add-a-page is either an addition of information to the original document or an update (taking place at a later date).
2. Enter the inmate-patient's CDCR number, name, and date of birth in the bottom right.
3. Complete the Effective Communication area in the bottom left of the first page as described below.
4. The clinician completing this form should enter the date, the institution, his/her name and title, and sign at the bottom of the page.
5. Include any reference to a chrono or notes relevant to the current process.
6. Additional resources are available at:

<http://teamsite/team/Admin/DSS/OLA/HeathCareLegalTeam/Involuntary%20Medication/Shared%20Documents/Forms/AllItems.aspx>

Effective Communication: The Effective Communication section must be completed any time there is a clinically relevant encounter in which meaningful information is exchanged between the licensed clinician and the inmate-patient. For further information and examples of some encounters in which effective communication is required, see IMSP&P, Volume 2, Ch. 4.

<p>1. <u>Disability:</u> a. Check all boxes that apply regarding the inmate-patient's disability. Disability Codes: TABE score ≤ 4.0 <u>DPH</u> – Permanent Hearing Impaired <u>DPV</u> – Permanent Vision Impaired <u>LD</u> – Learning Disability <u>DPS</u> – Permanent Speech Impaired <u>DNH</u> – Permanent Hearing Impaired; improved with hearing aids. <u>DNS</u> – Permanent Speech Impaired; can communicate in writing. <u>DDP</u> – Developmental Disability Program <u>N/A</u> – Not applicable</p>	<p>2. <u>Accommodation:</u> a. Check all boxes that apply to the special accommodations made to facilitate effective communication: <u>Additional time</u> – P/I (inmate-patient) was given additional time to respond or complete a task. <u>Equipment</u> – Special equipment was used to facilitate effective communication. Note the type of equipment used in the comments section. <u>SLI</u> – Sign Language Interpreter. <u>Louder</u> – The provider spoke louder. <u>Slower</u> – The provider spoke slower. <u>Basic</u> – The provider used basic language. <u>Transcribe</u> – Communication was written down. <u>Other</u> – Any other tool that was used to facilitate effective communication.</p>	<p>3. <u>Effective Communication:</u> a. Check all boxes that apply that summarize how it was verified that effective communication was reached. <u>P/I asked questions</u> – The inmate-patient asked questions regarding the interaction. <u>P/I summed information</u> – The inmate-patient summarized information regarding the interaction. b. Check one box to indicate if effective communication was or was not reached. ONE of these boxes must be checked.</p>
<p>4. <u>Comments:</u> Provide any additional information regarding effective communication.</p>		