

**CENTRAL STATE HOSPITAL
FULL RELEASE/CONDITIONAL RELEASE READINESS CHECKLIST**

Evaluation Period Dates:											
1. BEHAVIOR			1st Evaluation			2nd Evaluation			3rd Evaluation		
<i>(Check all that is applicable.)</i>											
	Yes	No	Yes	No	Yes	No	Yes	No			
■A. Free of assaults.											
■B. Free of verbal threats.											
■C. Incident free walkouts.											
■D. Free of threats or attempts to harm self.											
■E. Is able to get along with others.											
■F. Free of new crimes since admission.											
■G. Free of violation of security levels of movements.											
■H. Free of sexually inappropriate behaviors.											
2. MEDICATION			1st Evaluation			2nd Evaluation			3rd Evaluation		
<i>(Check all that is applicable.)</i>											
	Yes	No	Yes	No	Yes	No	Yes	No			
■A. Free of prn's for agitation.											
■B. Can verbalize medication and purpose.											
■C. Compliant with medical treatment and medications.											
3. ALCOHOL AND DRUGS			1st Evaluation			2nd Evaluation			3rd Evaluation		
<i>(Check all that is applicable.)</i>											
	Yes	No	Yes	No	Yes	No	Yes	No			
■A. Participates in alcohol and drug treatment when indicated.											
■B. Free of alcohol or drug use for specific period of time related to risk factors (negative drug screen when appropriate).											
4. MEDICAL/PSYCHIATRIC			1st Evaluation			2nd Evaluation			3rd Evaluation		
<i>(Check all that is applicable.)</i>											
	Yes	No	Yes	No	Yes	No	Yes	No			
■A. Free of psychiatric symptoms which interfere with functioning.											
■B. Knowledge of mental illness and relapse prevention.											
■C. Participates in mental health treatment as prescribed.											
5. CRIMES/LEGAL			1st Evaluation			2nd Evaluation			3rd Evaluation		
<i>(Check all that is applicable.)</i>											
	Yes	No	Yes	No	Yes	No	Yes	No			
■A. Can verbalize understanding of crime committed and the relationship to his/her mental illness and or substance abuse.											
■B. Client will agree to and sign Conditional Release Plan.											
■C. Client can verbalize understanding of legal situation.											
■D. Client will be able to state alternative actions, which could prevent recurrence of actions leading to arrest on NGRI charge.											
6. STEP-DOWN PROCESS			1st Evaluation			2nd Evaluation			3rd Evaluation		
<i>(Check all that is applicable.)</i>											
	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A		
■A. Demonstrate basic social skills in all settings.											
■B. Has completed individualized step down process(es).											
■C. Client has become familiar with community placement and staff.											
■D. Client is able to take care of self (ADL's).											

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7. OTHERS:	1 st Evaluation		2 nd Evaluation		3 rd Evaluation	
	Yes	No	Yes	No	Yes	No

COMMENTS:

1st Evaluation _____

 Signature/Title/Date

2nd Evaluation _____

 Signature/Title/Date

3rd Evaluation _____

 Signature/Title/Date

Form to be completed every three (3) months and prn as indicated by treatment team.

Copy: Client
 Forensic Consultant Team Members
 Service Director

Original: Medical Record