Reset Form

REPORT OF TREATMENT REVIEW COMMITTEE (TRC) HEARING

State Form 48402 (R / 12-17)
INDIANA DEPARTMENT OF CORRECTION

Name of offender	DOC number	Date of hearing *(month, day, year)*

PERSONS IN ATTENDANCE	
Primary Psychiatrist	Patient
Psychologist	Physician
Physician	Assisting staff member
Other	Other

SUMMARY OF HEARING AND EVIDENCE RELIED UPON

1. Please summarize the evidence for serious mental illness, including the specific psychiatric disorder thought to be present.

2. Please explain why the psychiatrist believes that the recommended medication is in the patient's best interest, including specific goals for treatment.

3. Please summarize the evidence for grave disability, severe deterioration in routine functioning or the likelihood of serious harm to self, others or property of others.

4. Please describe what other interventions might serve to treat this patient.

DISTRIBUTION: Copy 1 – Patient; Copy 2 – Patient's Health Record; Copy 3 – IDOC Medical Director

PATIENT COMMENTS

ACTION
☐ TRC concurs with involuntary administration of psychotropic medication.
☐ TRC does not concur with involuntary administration of psychotropic medication.

BASIS FOR DECISION

All of the following factors are present:

☐ 1. The committed person suffers from a mental illness or mental disorder.
☐ 2. The medication is in the medical interest of the committed person.
☐ 3. The committed person is either gravely disabled or poses a likelihood of serious harm to himself or others because, as a result of a mental illness or mental disorder, one or more of the following determinations has been made:

- ☐ a. The committed person is in danger of serious physical harm resulting from his failure to provide for his essential human needs of health and safety.
- ☐ b. The committed person manifests serious deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his actions by which is likely to jeopardize his health and/or safety.
- ☐ c. A substantial risk exists that physical harm will be inflicted by the committed person upon his own self as evidenced by, among other things, threats or attempt to commit suicide or inflict physical harm on himself.
- ☐ d. A substantial risk exists that physical harm will be inflicted by the committed person as evidenced by, among other things, behavior which has caused such harm or which places another person or persons in reasonable fear of sustaining such harm.
- ☐ e. A substantial risk exists that physical harm will be inflicted by the committed person upon the property of others as evidenced by, among other things, behavior which has caused substantial loss or damage to the property of others.

Signature of Chairperson	Date *(month, day, year)*
Printed name	Title

Signature of Member	Date *(month, day, year)*
Printed name	Title

Signature of Member	Date *(month, day, year)*
Printed name	Title

NOTICE: The patient has the right to appeal this decision to the IDOC Chief Medical Officer by filing a written appeal with the Chairperson of the Treatment Review Committee (TRC) within five (5) days of receipt of this report.

Signature of employee serving copy to committed person	Date served *(month, day, year)*	Time served ☐ AM ☐ PM

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