

# HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction  
Division Of Prisons

SECTION: Continuity of Care

POLICY # CC-9

PAGE 1 of 2

SUBJECT: **Social History**

EFFECTIVE DATE: May 2003

SUPERCEDES DATE: None

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## PURPOSE

This policy defines the scope, contents, usage, time frames and clinical purposes of the Social History.

## POLICY

Every inmate being treated at inpatient and/or residential mental health facilities within the Division of Prisons will have a current, complete, comprehensive clinical Social History on file in the inmate health record.

## PROCEDURE

The focus of this policy is to have the Social History information available to the treatment team at the first treatment team meeting. The Social History information is an integral component of the treatment planning process.

Each inmate health record, upon arrival to the unit, be it inpatient or residential, will be reviewed by the clinical social worker assigned to that unit prior to the first treatment team meeting for that inmate. This review will include, but not be limited to, the review of the latest and most previous social histories available in the record.

An original, complete comprehensive base document Social History (DC-350A) is valid for 5 years from the date of authentication.

If there is no Social History available, a new, comprehensive Social History will be completed by the clinical social worker prior to the first treatment team meeting for the inmate.

If the most recent complete, comprehensive social history is dated within the last year, the clinical social worker will make notation of the review in the progress notes of the record. Any and all relevant changes will be recorded on a Social History form (DC-350A) with **Addendum** typed as the heading to the form. The clinical social worker will assure that the addendum has been filed with the record prior to the first treatment team meeting for that inmate. Any subsequent changes can be recorded at a later date on a Social History form (DC-350A) with **Addendum** typed as the heading.

If the most recent Social History located in the health record is greater than 1 year old but less than 5 years old, the clinical social worker will review that information, record any changes on the Social History form (DC-350A) with **Addendum** typed as the heading, and making note of the review in the inmate's progress notes section of the health record.

If the latest complete, comprehensive Social History available is greater than 5 years old, a new complete, comprehensive Social History is required. This Social History is to be completed by the clinical social worker assigned to the unit prior to the first treatment team meeting for that inmate.

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All Social Histories will follow the same general standardized format for content. An example is attached to this policy for information purposes.

The most recent, original, complete, comprehensive base document Social History (DC-350A) and all of the related addendum will be retained in the inmate health record for the period of treatment in inpatient or residential services. When a new complete, comprehensive base document Social History (DC-350A) is being filed in the inmate health record, the older base document and related addendum may be archived in the inmate health record.



5/30/03

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Paula Y. Smith, MD, Director of Health Services

Date

SOR: Laura A. Yates, MSW, LCSW-P, Social Work Program Director

**NORTH CAROLINA DEPARTMENT OF CORRECTION  
SOCIAL HISTORY**

**SECTION**

- I. Demographics
- II. Alerts
  - a. Violence
  - b. Escapes
  - c. Self-Injury
- III. Developmental History
- IV. Criminal History
- V. Mental Health History
- VI. Diagnostic Impression
- VII. Discharge Plans
- VIII. Plan and Recommendations

\_\_\_\_\_  
Signature of Responsible Social Worker

\_\_\_\_\_  
Date of Authentication

This form is not to be amended, revised or altered without approval of the Mental Health Forms Committee.

**SOCIAL HISTORY**

Dist: Inpatient, Social Service  
Outpatient Record, Section I, Miscellaneous

DC-350A (revised 01/01)

**Inmate Name** .....

**Inmate Number** .....

**Unit** .....

**Date of Report** .....

**SOCIAL WORK**

# Social History

**I/M's Name:** \_\_\_\_\_ **OPUS#** \_\_\_\_\_

Dictated: \_\_\_\_\_ Noted in File: \_\_\_\_\_  
(Date & Time) (Date & Time)

Note: Information for this Social History obtained from:

Interview with the inmate on \_\_\_\_\_ . (Date & Time)

Interview with \_\_\_\_\_ on \_\_\_\_\_ .  
(Family Member Name/Relation/Phone#) (Date & Time)

MH record review on \_\_\_\_\_ , and a computer data search on \_\_\_\_\_ .  
(Date & Time) (Date & Time)

Referral: Inmate was referred to \_\_\_\_\_ on \_\_\_\_\_ .  
(Name of Facility) (Date)

due to \_\_\_\_\_ .  
(Reason for this Admission to this Facility)

## DEMOGRAPHIC INFORMATION:

\_\_\_\_\_ is a \_\_\_\_\_ year old (single/married/separated/divorced)  
(Inmate's Name) (Circle One)  
(African-American/Caucasian/Hispanic/Native American/Asian/\_\_\_\_\_)  
(Circle One)  
(male/female) born on \_\_\_\_\_ in \_\_\_\_\_ County,  
(Circle One) (Date)  
\_\_\_\_\_. His/her SSN is \_\_\_\_\_ .  
(State)

## ALERTS:

\_\_\_\_\_ (has/has no) history of violence. Review of OPUS  
(Inmate's Name) (Circle One)

records reveals that the inmate (has/has no) history of escapes. (Dates of Escapes:  
(Circle One)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_)

Review of MH records on \_\_\_\_\_ reveals that the inmate  
(Date & Time)

(has/has no) documented history of self-injurious behaviors. (Dates of Self Injuries:  
(Circle One)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_)

**DEVELOPMENTAL HISTORY:**

\_\_\_\_\_ completed the \_\_\_\_\_ grade.  
(Inmate's Name)

He/she (is completing/has/has not completed) his/her GED at \_\_\_\_\_.  
(Circle One) (Location)

He/she (was/was not) expelled from school for \_\_\_\_\_.  
(Circle One) (Reason for Expulsion)

Review of the (available/unavailable) psychological test data indicates a

(BETA/WAIS-R/WAIS III) (Full Scale/Abbreviated) IQ score of \_\_\_\_\_ on \_\_\_\_\_,  
(Date)

(BETA/WAIS-R/WAIS III) (Full Scale/Abbreviated) IQ score of \_\_\_\_\_ on \_\_\_\_\_,  
(Date)

(BETA/WAIS-R/WAIS III) (Full Scale/Abbreviated) IQ score of \_\_\_\_\_ on \_\_\_\_\_,  
(Date)

WRAT scores on \_\_\_\_\_ of Reading \_\_\_\_\_ Spelling \_\_\_\_\_  
(Date)

Arithmetic \_\_\_\_\_

WRAT scores on \_\_\_\_\_ of Reading \_\_\_\_\_ Spelling \_\_\_\_\_  
(Date)

Arithmetic \_\_\_\_\_

WRAT scores on \_\_\_\_\_ of Reading \_\_\_\_\_ Spelling \_\_\_\_\_  
(Date)

Arithmetic \_\_\_\_\_

He/she was raised in a (upper/middle/lower) income (rural/urban) socioeconomic environment by  
(Circle One) (Circle One)

\_\_\_\_\_  
(Name & Relationship)

He/she is the \_\_\_\_\_ of \_\_\_\_\_ children. He/she reports there was (no/some/extensive)  
(Place Order #) (Total #)

(physical/sexual/verbal/emotional/psychological/medical/educational) (abuse/neglect) in the home by  
(Circle One) (Circle One)

\_\_\_\_\_  
(Name & Relationship)

His/her biological parents were (married/never married/separated/divorced).  
(Circle One)

His/her biological father \_\_\_\_\_ was  
(Full Name) (Living?/Deceased? Date of Death?)

(unemployed/employed) as a \_\_\_\_\_.  
(Circle One) (Titles of Occupations)

His/her biological mother \_\_\_\_\_ was  
(Full Name including Maiden Name) (Living?/Deceased? Date of Death?)

(unemployed/employed) as a \_\_\_\_\_.  
(Circle One) (Titles of Occupations)

His/her contact person is \_\_\_\_\_  
(Full Name including nicknames)

his/her \_\_\_\_\_ and can be reached at \_\_\_\_\_  
(Relationship) (Phone Number including Area Code)

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(Full Mailing & Street Addresses)

The inmate reports he/she was (unemployed/employed) at the time of incarceration. The inmate's  
(Circle One)

primary occupation(s) prior to incarceration was/were \_\_\_\_\_.  
(Titles of Occupations)

He/she (was/was) not in the Job Corps. He/she (is/is not) a veteran. He/she served \_\_\_\_\_  
(Circle One) (Circle One) (# of Years)

in the \_\_\_\_\_ and received and (honorable/less than honorable/general/medical)  
(Branch of Military Service) (Circle One)

discharge. He/she (was/was not) receiving (VA/SSA/SSI/Public Assistance) benefits prior to  
incarceration.  
(Circle One) (Circle One)

He/she reports having parented \_\_\_\_\_ (#) children. The children are:

Name/Relationship/DOB: \_\_\_\_\_

Name/Relationship/DOB: \_\_\_\_\_

Name/Relationship/DOB: \_\_\_\_\_

Name/Relationship/DOB: \_\_\_\_\_

His/her (spouse/ex-spouse) is \_\_\_\_\_.  
(Circle One) (Name/Address/Phone#)

**CRIMINAL HISTORY:**

He/she was convicted on \_\_\_\_\_ in \_\_\_\_\_ County  
(Date)

(Superior/District) Court for:  
(Circle One)

\_\_\_\_\_  
(Docket#/Crime/Sentence {year/month/day})

\_\_\_\_\_  
(Docket#/Crime/Sentence {year/month/day})

\_\_\_\_\_  
(Docket#/Crime/Sentence {year/month/day})

\_\_\_\_\_  
(Docket#/Crime/Sentence {year/month/day})

\_\_\_\_\_  
(Docket#/Crime/Sentence {year/month/day})

\_\_\_\_\_  
(Docket#/Crime/Sentence {year/month/day})

He/she was awarded \_\_\_\_\_ (#) days of jail credit.

His/her projected release date is \_\_\_\_\_, 90-day parole date is \_\_\_\_\_,  
(Date) (Date)

180-day parole date is \_\_\_\_\_, parole eligibility date is \_\_\_\_\_.  
(Date) (Date)

His/her custody level is (minimum/medium/close/maximum/death row) and activity grade is \_\_\_\_\_.  
(Circle One) (#)

His/her control status is (Regular/DSeg/ASeg/ICON/MCON/HCON/DeathRow). His/her next custody  
(Circle One)

review date is \_\_\_\_\_, next control review date is \_\_\_\_\_.  
(Date) (Date)

He/she (has/has not) committed (any/ \_\_\_\_\_) infractions on this incarceration with the latest on  
(Circle One) (#)

\_\_\_\_\_. His/her most serious infractions have been:  
(Date)

Infraction/Date: \_\_\_\_\_

Infraction/Date: \_\_\_\_\_

Infraction/Date: \_\_\_\_\_

Infraction/Date: \_\_\_\_\_

Infraction/Date: \_\_\_\_\_

Infraction/Date: \_\_\_\_\_

Infraction/Date: \_\_\_\_\_

Infraction/Date: \_\_\_\_\_

Infraction/Date: \_\_\_\_\_

He/she reports prior incarcerations for:

Crime/Date: \_\_\_\_\_

Crime/Date: \_\_\_\_\_

Crime/Date: \_\_\_\_\_

Crime/Date: \_\_\_\_\_

Crime/Date: \_\_\_\_\_

Crime/Date: \_\_\_\_\_

He/she has (no/ \_\_\_\_\_) outstanding detainers. Detainer information:  
(#)

Crime/Date/Docket#/Court: \_\_\_\_\_

Contact Info: \_\_\_\_\_  
(Name & Phone#)

Crime/Date/Docket#/Court: \_\_\_\_\_

Contact Info: \_\_\_\_\_  
(Name & Phone#)

Crime/Date/Docket#/Court: \_\_\_\_\_

Contact Info: \_\_\_\_\_  
(Name & Phone#)



He/she has (no/an) escape history on \_\_\_\_\_.  
(Circle One) (Dates)

**MENTAL HEALTH HISTORY:**

The inmate reports (no prior/some/extensive) mental health treatment history including  
(Circle One)

(multiple/# \_\_\_\_\_) psychiatric hospitalizations at:  
(Circle One)

Date/Hospital/Location: \_\_\_\_\_

Date/Hospital/Location: \_\_\_\_\_

Date/Hospital/Location: \_\_\_\_\_

He/she reports outpatient MH treatment at:

Date/Center/Location: \_\_\_\_\_

Date/Center/Location: \_\_\_\_\_

Date/Center/Location: \_\_\_\_\_

He/she (has/reports/denies) (no/some/extensive) (alcohol/substance) abuse history including  
(Circle One) (Circle One) (Circle One)

treatment at:

Date/Treatment Facility/Location: \_\_\_\_\_

Date/Treatment Facility/Location: \_\_\_\_\_

Date/Treatment Facility/Location: \_\_\_\_\_

He/she reports first using alcohol at age \_\_\_\_\_, \_\_\_\_\_ at age \_\_\_\_\_,  
(Years) (Drug) (Years)

\_\_\_\_\_ at age \_\_\_\_\_, & \_\_\_\_\_ at age \_\_\_\_\_.  
(Drug) (Years) (Drug) (Years)

He/she (reports/denies) a family history of (mental illness/substance abuse) including:  
(Circle One) (Circle One)

Name/Relationship/MI/SA: \_\_\_\_\_

Name/Relationship/MI/SA: \_\_\_\_\_

Name/Relationship/MI/SA: \_\_\_\_\_







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**PLANS AND RECOMMENDATIONS:**

\_\_\_\_\_ Continue Medications.

\_\_\_\_\_ Continue all ward activities.

\_\_\_\_\_ Continue ward job assignment.

\_\_\_\_\_ Continue (ABE/GED) classes.  
(Circle One)

\_\_\_\_\_ Continue Behavior Management Program.

\_\_\_\_\_ Participate in (AA/NA).

\_\_\_\_\_ Continue Substance Abuse Counseling.

\_\_\_\_\_ Assign to specialized case manager due to developmental disability.

\_\_\_\_\_ Refer to (SSA/SSI/VR/DSS/MAD/JobLink/ESC/VA/Community College) upon release.  
(Circle All That Apply)

\_\_\_\_\_ Remain at \_\_\_\_\_ due to \_\_\_\_\_  
(Name of Facility) (Reason for Retention)

until his/her transfer to \_\_\_\_\_ on \_\_\_\_\_.  
(Name of Facility) (Date)

\_\_\_\_\_ Remain at \_\_\_\_\_ due to \_\_\_\_\_.  
(Name of Facility) (Reason for Retention)

until his/her release from prison on \_\_\_\_\_.  
(Date)

\_\_\_\_\_ The inmate should remain at this treatment facility until stabilized. The treatment team will decide appropriate transfer/placement at a future date.

\_\_\_\_\_ Continue psychiatric follow up upon return to his/her assigned unit.

\_\_\_\_\_ Continue psychological follow up upon return to his/her assigned unit.

\_\_\_\_\_ Continue clinical social work follow up upon return to his/her assigned unit.

\_\_\_\_\_ Transfer to \_\_\_\_\_ so that he/she can participate in  
(Name of Facility)

\_\_\_\_\_  
(Name of Program/Service)

