CLEAR FORM

Oregon
Tina Kotek, Governor

Board of Parole and Post-Prison Supervision
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ParoleBoardEarlyMedicalRelease@paroleboard.oregon.gov

DOC MEDICAL INFORMATION FORM – Exhibit EMR-MIF

Internal State of Oregon document for use by DOC medical staff only.
Please answer each question and attach additional pages if necessary.

AIC Name: _____ **SID:** _____ **Board Referral Date:**

Diagnosis:

Prognosis: Please describe if applicant's diagnosis is likely to cause death in 12 months or less; or has an illness, injury, impairment, or physical condition that would require care in a hospice setting or residential medical facility; or is aged 55 or older and permanently incapacitated and is unable to move from place to place without the assistance of another person.

Impacts: How does applicant's illness or incapacitation affect their Activities of Daily Living (ADL)?

Care: What is the applicant's current problem list and plan of care? What is required for continuity of care if AIC is released into the community?

Name & Title **Signature** **Date**