

**PSYCHIATRIC SECURITY REVIEW BOARD  
CONDITIONAL RELEASE PROGRESS REPORT**

Section 17a-581-55(c), Regulations for State of Connecticut Agencies

(File **ORIGINAL** to the following address no later than the 10<sup>th</sup> of the month following the period to be reported)  
**Psychiatric Security Review Board, 505 Hudson Street, First Floor, Hartford, CT 06106**

**REPORT MONTHS**

John Doe was hospitalized during the **entire** reporting period.  Yes  No

**Acquittee's Name**  
John Doe ID: 0000

**Supervising Agency**  
97 Middle Street  
Bridgeport, CT 06604

**Current Address**  
123 Anywhere Road  
Bridgeport, CT 06606  
Telephone: 203-555-1234

**Conditional Release Supervisor**  
Name:  
Telephone: 203-555-3456

**CURRENT DIAGNOSES**

Axis I  
Axis II  
Axis III

Has there been a change in diagnosis since the last report?  Yes  No If yes, please describe in comments section.

**CURRENT MEDICATIONS**

Psychotropic Medication	Dosage	Method	Frequency
Haldol	5 mg	po	qam
Haldol	10 mg	po	qhs
Other Medication	Dosage	Method	Frequency
Zocor	20 mg	po	qd

**CONDITIONS PER MOD # 05-05-5555**

**SUPERVISNG AGENCY RESPONSIBILITIES**

Supervising Agency shall maintain oversight of this conditional release, with responsibilities that shall include but are not limited to:

*Please check appropriate box and explain, if necessary*

Monitoring John Doe's compliance with this conditional release  Yes  No If no, explain:

Providing mental status examinations with a psychiatrist at least once per month, and prescriptions as necessary  Yes  No Name of psychiatrist: Date: Date: If no, explain:

Providing individual therapy at least once per month  Yes  No Date: Date: If no, explain:

Performing random blood or urine analysis for purposes of monitoring alcohol consumption and illicit drug usage at least once per month  Yes  No Date: Date: If result(s) positive, explain::

Providing or arranging transportation if John Doe is unable to arrange for his own transportation  Yes  No If no, explain:  N/A for this period

Ensuring that direct care and supervisory staff complete  Yes  No If no, explain:

the required DMHAS-PSRB training prior to providing services  N/A for this period

**Conditional Release Supervisor Responsibilities shall include but are not limited to:**

*Please check appropriate box and explain, if necessary*

Providing conditional release supervision meetings at least once per week  Yes  No Date: If no, explain:

Providing visits to John Doe's home at least once per month  Yes  No Date: Date: If no, explain:

Contacting all community providers and having direct or indirect contact with is employer at least once per month to determine compliance by John Doe and compliance by providers with the provision of services  Yes  No If no, explain:

Approving part-time employment, day treatment program or volunteer work  Yes  No If no, explain:

Confirming John Doe's attendance at community substance abuse meetings  Yes  No If no, explain:

Approving, in conjunction with other community providers, when John Doe may use public transportation in his own custody  Yes  No If yes, explain:  N/A for this period

Notifying the Board of any change in telephone number  Yes  No If no, explain:  N/A for this period

Submitting a request to the Board regarding a proposed change in residence  Yes  No If no, explain:  N/A for this period

Informing the Board of the name of John Doe's primary care physician  Yes  No If no, explain:

Informing the Board of any changes in community providers  Yes  No If no, explain:  N/A for this period

**RESIDENTIAL RESPONSIBILITIES**

Responsibilities shall include but are not limited to:

*Please check appropriate box and explain, if necessary*



May use public transportation in his own custody, after approval from conditional release supervisor and other community providers	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> N/A for this period	If no, explain:	
May be transported and be a passenger in a motor vehicle driven by family members and inform community providers who is transporting him and for what purpose(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> N/A for this period	If no, explain:	
May be transported by Ms. Doe for social purposes only and inform community providers when she is transporting him and the purpose of the trip	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> N/A for this period	If no, explain:	
Inform conditional release supervisor of all medical appointments and medical recommendations	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> N/A for this period	If no, explain:	
Inform conditional release supervisor of any missed meetings, sessions or absences from work	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> N/A for this period	If no, explain:	
Maintain part-time employment at least 10-20 hours per week, which can be substituted if approved by conditional release supervisor with another viable day treatment program, volunteer work, educational pursuit or employment activity	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify: Activity: Activity: Activity: If no, explain:	#hrs/wk: #hrs/wk: #hrs/wk:
Notify GBCMHC Center if unable to arrange transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> N/A for this period	If no, explain:	
Provide Releases of Information (ROI), as requested	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain:	
Submit to a search of person, residence and property or Internet use by community providers or any law enforcement officer	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain:	
Inform any community provider of a change in mood or behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> No change for this period	If no, explain:	

**JOHN DOE'S RESTRICTIONS AND PROHIBITIONS**

*Please check appropriate box and explain, if necessary*

Obey all laws and promptly reported to conditional release supervisor the fact that he has been arrested for, charged with or questioned by any law enforcement agent regarding any matter	<input type="checkbox"/> Complied  <input type="checkbox"/> Did not comply	If did not comply, explain:
May not operate a motor vehicle until a thorough re-evaluation is performed and submitted to the Board	<input type="checkbox"/> Complied  <input type="checkbox"/> Did not comply	If did not comply, explain:

May only be transported by Jane Arclaire for social purposes	<input type="checkbox"/> Complied	If did not comply, explain:
	<input type="checkbox"/> Did not comply	
Not use any alcoholic beverages	<input type="checkbox"/> Complied	If did not comply, explain:
	<input type="checkbox"/> Did not comply	
Not enter any establishment where the primary purpose of that establishment is the sale of alcohol	<input type="checkbox"/> Complied	If did not comply, explain:
	<input type="checkbox"/> Did not comply	
Not leave the state of Connecticut	<input type="checkbox"/> Complied	If did not comply, explain:
	<input type="checkbox"/> Did not comply	
Not use, possess, handle, traffic in, transport, or otherwise be involved with any illegal narcotics, dangerous drugs or controlled substances	<input type="checkbox"/> Complied	If did not comply, explain:
	<input type="checkbox"/> Did not comply	
Not use any medication without a prescription or use over-the-counter medication without notification to conditional release supervisor	<input type="checkbox"/> Complied	If did not comply, explain:
	<input type="checkbox"/> Did not comply	
Not own, use, possess, receive, transport or have access to any firearm, ammunition, defensive or other weapons including but not limited to his place of work, residence or residences of those he visits	<input type="checkbox"/> Complied	If did not comply, explain:
	<input type="checkbox"/> Did not comply	
Not knowingly associate or participate in any activities with persons known to carry weapons including but not limited to, his place of work, residence or residences of those he visits	<input type="checkbox"/> Complied	If did not comply, explain:
	<input type="checkbox"/> Did not comply	
Not knowingly associate with persons who have been arrested for, charged with, convicted of, or involved in any criminal activity without the prior authorization of his conditional release supervisor and notification to the Board	<input type="checkbox"/> Complied	If did not comply, explain:
	<input type="checkbox"/> Did not comply	
Not gamble, which includes government-sponsored lotteries, or enter any casino grounds	<input type="checkbox"/> Complied	If did not comply, explain:
	<input type="checkbox"/> Did not comply	

**TREATMENT FOCUS**

For this reporting period, please identify the focus of treatment and briefly comment on progress toward treatment goals.

**COMMENTS**

Please comment on any observed behavioral changes or any significant events/stressors (i.e.: change in diagnosis, residential changes, loss of significant other, loss in family, change in treatment providers, etc.).

**ALL TREATERS MEETING INFORMATION**

Date of Last Meeting:

Date of Next Meeting:

Time:

Location:

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Conditional Release Supervisor

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Date