Behavioral Health/Crisis Services <u>Initial Screening</u>

Referral:		
Name	Relationship	Phone
Client's Name: First		Client #:
		Last
<mark>).O.B. </mark>	<mark>Client phone:</mark>	ok to ID: Y / 1
Gender Identification:		
	skan Native □Asian □Native Hav	waiian or Other Pacific Islander
☐ Black or African American ☐	□White □Unknown	
Sthniaitus	igin Duanto Digga DMayigan D	Cubon Other Specific Historia
-	igin □Puerto Rican □Mexican □	cuban Domer Specific Hispanic
☐Hispanic Origin regardless of a		
<u> </u>		
County: /_	Social Security	Number:
Financial	Residence	
Case Manager:		Aware of Referral? Y/N
Insurance:		Records Requested? Y/N/NA
		•
Notaran lactive in the military?		Phone/Fav·
	ranic.	I nonc/1 ax
Guardian: Y / N If yes, then→		
Guardian: Y / N If yes, then→ How to send documents for Gu	ardian to sign?	MENIT
Guardian: Y / N If yes, then→ How to send documents for Gu	ardian to sign?	MENT
Guardian: Y/N If yes, then→ How to send documents for Gu Legal Status: VOLUNTARY	ardian to sign? 72 HR HOLD COMMIT	MENT
Guardian: Y/N If yes, then→ How to send documents for Gu Legal Status: VOLUNTARY Has client requested emergency	ardian to sign? 72 HR HOLD COMMIT	
Guardian: Y/N If yes, then→ How to send documents for Gu Legal Status: VOLUNTARY Has client requested emergency	ardian to sign? 72 HR HOLD COMMIT	MENT
Guardian: Y/N If yes, then→ How to send documents for Gu Legal Status: VOLUNTARY Has client requested emergency Services? Y/N	ardian to sign? 72 HR HOLD COMMIT	MENT
Guardian: Y/N If yes, then→ How to send documents for Gu Legal Status: VOLUNTARY Has client requested emergency Services? Y/N What kind?	ardian to sign?	MENT
Legal Status: VOLUNTARY Has client requested emergency Services? Y / N What kind? Hx of psychiatric hospitalizatio	ardian to sign?	MENT
Guardian: Y/N If yes, then→ How to send documents for Gu Legal Status: VOLUNTARY Has client requested emergency Services? Y/N What kind? Hx of psychiatric hospitalizatio	ardian to sign?	MENT Law Enforcement, Emergency Departn
Guardian: Y/N If yes, then→ How to send documents for Gu Legal Status: VOLUNTARY Has client requested emergency Services? Y/N What kind? Hx of psychiatric hospitalizatio Psychiatrist:	ardian to sign?	MENT
Guardian: Y/N If yes, then→ How to send documents for Gu Legal Status: VOLUNTARY Has client requested emergency Services? Y/N What kind? Hx of psychiatric hospitalizatio Psychiatrist: Who will transport:	ardian to sign?	MENT

COMPLETE THE REVERSE SIDE

1 11 4 . 1					
eck all that apply:					
☐ Depressed Mood	☐ Sleep Disturb	ance		Change in ap	
☐ Anxious/worried/fearful	☐ Anger			Auditory Hall	ucinations
☐ Visual Hallucinations	☐ Delusions			Mania	
☐ Impulsivity ☐ Flashbacks or nightmares	☐ Paranoia/Sus	•		Panic Other:	
an for Immediate Needs for Sup				Other.	
you have any children: Yes	□ No If yes	s, are your child	l <mark>ren in your</mark>	custody?	Yes 🗌 No
story of SI/attempts? Y / N Meth	od:	Histor	<mark>ry of SIB</mark> ? Y	/ / N Type :	
urrent suicidality? Y / N Plan?					
······································		Current S	IR'YY / N'I	vne:	
				Type:	
ental Illness Diagnosis:				1 ype:	
ental Illness Diagnosis:				1 ype:	
ental Illness Diagnosis:edical Issues:					
ental Illness Diagnosis:edical Issues:edical Issues:einking/Drug Use in the last 24 h	rs/currently under	the influence?	Y / N Specify	y:	
ental Illness Diagnosis:edical Issues:edical Issues:edical Issues:einking/Drug Use in the last 24 history of Drinking/Drug Use? Y	rs/currently under	the influence?	Y / N Specify	y:	No
ental Illness Diagnosis:edical Issues:edical Issues:einking/Drug Use in the last 24 h	's/currently under to N Specify:	the influence? `	Y / N Specify	y:	
ental Illness Diagnosis: edical Issues: rinking/Drug Use in the last 24 h story of Drinking/Drug Use? Y the past 12 months:	rs/currently under to a specify: M Specify: wn on your drinking or c	the influence? `	Y / N Specify	y:	
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cental Illness Diagnosis: cedical Issues: rinking/Drug Use in the last 24 hr istory of Drinking/Drug Use? Y the past 12 months: Have you ever felt you ought to cut do Have people annoyed you by criticizir Have you felt bad or guilty about your Have you ever had a drink or used driver and the cegal Issues/History of Violence? cegal Issues/History of Violence? coes third-party caller need crisis aking Meds as Directed? Y/N/I cobile: 15 and under, are parent/guardiclient agreeable to mobile crisis? caller in a safe place? Y/N	wn on your drinking or or gryour drinking or drug use? If N Specify: Wn on your drinking or drug use? If your drinking or drug use? If you specify: Specify: Services? Y / N / N NA In agreeable to moley y / N	the influence? Your drug use? use? I/A Meds in originate the crisis? Y / I	Y / N Specify nerves or to ge al bottles and N pons? Y / N	y:et rid of a hangov	No er?
ental Illness Diagnosis: edical Issues: cinking/Drug Use in the last 24 h. story of Drinking/Drug Use? Y the past 12 months: Have you ever felt you ought to cut do Have people annoyed you by criticizir Have you felt bad or guilty about your Have you ever had a drink or used driver and the state of	wn on your drinking or or gryour drinking or drug use? If N Specify: Wn on your drinking or drug use? If your drinking or drug use? If you specify: Specify: Services? Y / N / N NA In agreeable to moley y / N	the influence? Your drug use? use? I/A Meds in originate the crisis? Y / I	Y / N Specify nerves or to ge al bottles and N pons? Y / N	y:et rid of a hangov	No er?