

Triage/Low Demand Shelter Screening Form

Arrest History

Date: _____ Charge Type: _____ Charge: _____

Arrest Date: _____ Was client Convicted? _____ Conviction Date: _____

City: _____ State: _____ County: _____

SPN/Jacket # (Can be found on the www.sheriffleefl.org) _____

Presenting Problem

Client's statement of problem/needs: _____

Collateral statement of problems/needs: _____

Referral source and purpose of referral (include precipitating factors): _____

Current Resources

List current resources: _____

Current Risk Assessment

Risk of Suicide Yes or No

Are you currently having thoughts of harming yourself? _____

Do you feel hopeless about your current life situation? _____

Have you attempted suicide in the past 30 days? _____

Risk of Violence Yes or No

Do you have thoughts of harming another person? _____

Have you ever been arrested for a crime involving violence?
Have you pushed, grabbed, slapped, choked, or kicked another person in the past two years?

Domestic Violence/Abuse/Neglect/Exploitation/Trauma Yes or No

Have you ever been emotionally or physically abused by your partner or someone important to you? (Yes or No) _____ If yes, by whom? _____
Total number of times: _____

Within the last year, have you been hit, slapped, kicked or otherwise physically hurt by someone? (Yes or No) _____ If yes, by whom? _____
Total number of times: _____

Are you afraid of your partner or anyone else you listed above? _____

Other risks (To self or other)

- Abuse Neglect Exploitation Other

Describe: _____

If current risks are identified (by one or more answers of Yes), what action will be taken or explain why action isn't necessary. _____

Based on clinical findings, client's needs are:

- None Mild Moderate Severe Very Severe

Suicide Risk Assessment

Does client have any of the following: Yes or No Method: _____ Means: _____ Time & Place: _____ Prior Attempts: _____

Describe number, method and severity of prior attempts: _____

Is client affected by or have any of the following: Yes or No Substance Abuse: _____ Physical illness or pain: _____ Loss: _____

Hopelessness: _____ Plans for the Future: _____ Willingness to Use Supports: _____ Impulsivity: _____

Connection with Others: _____ Comments: _____

Violence Risk Assessment

Answer the following question: Yes or No

Plans to Commit Violence: _____ Client has a history of Violence (person, property, animals): _____

Substance Abuser: _____ Has Potential Triggers: _____

Describe potential or current life events/social circumstances that may trigger violence: _____

Hostility: _____ Impulsivity: _____ Thought Disorder: _____ Presence of Antisocial Behaviors: _____

Social Contact: _____ Comments: _____

Attitude toward interviewer/interview situation: _____

Signs / Symptoms

Cognitive

Impaired short term memory Impaired long term memory Idea of hopelessness Excessive guilt

Ideas of worthlessness: Other(describe): _____

Answer questions: Good / Fair / Poor / NA

Judgment: _____ **Insight:** _____

Thought

Auditory Hallucinations Visual Hallucinations Olfactory Hallucinations Tactile Hallucinations

Delusions Paranoia Tangential Circumstantial Bizarre Coherent Grandiose

Racing Blocked Somatic complaints Obsessive/compulsive Logical & Goal directed

Phobias Other (describe) _____

Risk of Suicide: (Yes or No) _____ **Comments:** _____

Risk of Homicide: (Yes or No) _____ **Comments:** _____

Mood/Affect

- Depressed Elevated Expansive Flat Constricted Anxious Labile
 Angry Inappropriate Despairing Appropriate Euthymic

Other (describe) _____

Sensorium

- Delirium / Clouding of Consciousness Stupor Lethargic

Disoriented: Self Person Place Time Situation

Oriented in all spheres Other: (describe) _____

Speech

- Pressured Impoverished Slow paced Rapid Slurred Hyperverbal

Normal Other: (describe) _____

Psychomotor

- Agitated Restlessness Pacing Retardation Tremors Rigidity Normal

Other: (describe) _____

Problem Checklist Including Functional Domain

Check all current problem areas:

- Anger/Rage Oppositional Behaviors Inattention Impulsivity Bereavement Issues
 Traumatic Stress (Have you ever experienced a life threatening event?) Family/Interpersonal Relationships
 Pertinent Health or Pain Issues Work/School Socio/Legal ADL Functioning

Psychosocial Stressors Explain all checked responses: _____

In the past year, have you ever used alcohol or drugs more than you meant to? _____

Have you felt you wanted or needed to cut down on your drinking or drug use in the past year: _____

Other addictive behaviors: Gambling Sexual Nicotine Caffeine Spending Shoplifting

Pertinent Family History: (to include mental health and alcohol/drug history) _____

Treatment History

Longest Period of Abstinence from mood altering drugs: From: _____ To _____

History of 12-Step/Community Sobriety Group Attendance: From: _____ To _____

(Yes or No) Currently Court-Ordered? _____ Describe including dates: _____

(Yes or No) Previously Court-Ordered? _____ Describe including dates: _____

Co-Occuring Mental Illness and Substance Abuse Disorders

Previous diagnosis of mental illness _____ If yes, describe _____

Current mental health symptoms appear to be substance induced _____ If yes, describe _____

Age client had first psychiatric symptoms _____ Age client began using substances _____

Comments _____

Are there psychiatric symptoms in the absence of substance abuse? (Yes or No)

_____ If yes, describe _____

Level of Substance Abuse Impairment (as evidenced by DSM IV None criteria)
Circle one leave blank for none

Mild
Severe

Moderate
Very Severe

Comments (treatment recommendations and summary to be included in integrated summary) _____

Hospitalization / Psychiatric Treatment

Problem Date: Problem: Treatment: Clinic/Hospital/Doctor: Treatment Location: Medication:

| | | | | | |
|-------|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Substance Abuse

Drug use History

Drug of Choice: _____ Comments: _____

Physiological Effects of Use

History of Symptoms of Intoxication

- None Reported Blackouts Bumps, Bruises Chest or Heart Pain Confusion
 Distended Abdomen High Blood Pressure Liver Problems Loss of Appetite Vision Problems
 Red Face/Nose Slurred Speech Swelling Weight Loss Hallucinations Paranoia Other

History of Withdrawal Symptoms

- None Reported AM Alcohol/Drug Use Agitation Anxiety DT's Depression
 Hallucinations High Blood Pressure Suicidality Insomnia Shakes Nausea
 Violence Excessive Sweating Shortness of Breath Seizures Fatigue Other

Positive Consequences of Substance Use

- None Identified Improved Socialization Coping/Relief from Psychiatric Symptoms
 Facilitation of Intimacy/Sex Pleasure Feels more normal or productive

Reduces Boredom/something to do Reduction of craving or withdrawal symptoms Other

Comments: _____

History of Significant Incidents Related to Alcohol/Drugs

None Identified Family Problems Work Problems Legal Problems DUI Money Problems
 Health Problems Car Accidents Increased Psychiatric Symptoms Housing Problems
 Physical Abuse/Domestic Violence Decreased/Cessation of Treatment Participation Sexual Trauma/Abuse
 Other Comments: _____

Attitude toward Interviewer/Interview situation: _____

History of Use

| Substance: | Frequency of Use: | Amount of Use: | Age of First Use: | Date Last Used: | Amount Last Used: |
|------------|-------------------|----------------|-------------------|-----------------|-------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Diagnostic Review

Diagnostic Axes I-IV

Axis I: Clinical disorders and other conditions that may be a focus of clinical attention

Summarize symptoms, precipitating factor, onset, duration and intensity that support an Axis I Diagnosis

Axis I ID: _____ Axis I Description: _____

Axis II: Personality disorders and mental retardation

Describe significant personality characteristics that reach a level of clinical significance and support an Axis II diagnosis. List supporting evidence for a mental retardation diagnosis, including general intellectual functioning and adaptive functioning.

Axis II ID: _____ Axis II description: _____

Active Diagnosis Mental Health Substance Abuse Co-Occurring No Diagnosis

Axis III: General Medical Conditions

Summarize relevant medical issues as they pertain to the presenting problems _____

Summarize the client's psychosocial and environmental problems that may affect the diagnosis, treatment, and prognosis: _____

Axis IV: Psychosocial and Environmental Problems

Axis IV ID: _____ Axis IV description: _____

Primary Axis: _____

Axis IV: Psychosocial and Environmental Problems

GAF: _____ Diagnostic Impressions/conclusions _____

Treatment & Therapeutic Education

Client's Learning Preference

Reading Video Audio Lecture Alone Lecture Alone Group

Other/Describe: _____

History of Learning Difficulties

None Mental Retardation Special School Placement Dyslexia Other Learning Disability

Other: _____

Learning/Treatment Considerations

None Inability to Read or Write Language Hearing Impairment Visual Impairment

Cultural/Religious Domestic Violence Abuse/Neglect/Exploitation Accessibility/Transportation

Physical Disability Primary Language Other: _____

Special Communication Needs

None TDD/TTY Device Sign Language Interpreter Language Interpreter Service-Other Spoken Language

Other: _____

Recommended Topics for Client/Family Education

Medication Diagnosis-Specific Basic Living Skills Parenting Alcohol/Drug

Smoking/Tobacco HIV/HBV Health Nutrition Community Resources

Other: _____
