**Adult Pre-Evaluation Screening**

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| --- | --- | --- | --- |
| Date: Time In: Time Out: | Interview Location: | | |
| Individuals Present: | | | |
| Interpretative Aids/Assisted Devices: | | | Pending Felony Charges: ☐ Yes ☐ No |
| Case Number: | | CMHC Region: | |
| In the court of County | | Voluntary CSU Admission Sought : ☐ Yes ☐ No | |
| Mobile Crisis Involvement : ☐ Yes ☐ No | |  | |

Information from this interview will be reported on a standardized form and submitted to the chancery court and civil commitment examiners. You have the right to refuse to participate. Other sources of information including a review of your legal medical records and interviews with family member and the affiant requesting commitment will be included in this report.

|  |  |  |
| --- | --- | --- |
| **Respondent Demographics** | | |
| Name: | DOB: | **Age: Gender: Race:** |
| Social Sec #: Medicaid #: Medicare#: | | |
| Home Address: | | Phone Number: |
| Respondent resides with minor children: ☐ Yes ☐ No | | Name & Ages of Children: |
| Respondent resides has visitation rights to minor children: ☐ Yes ☐ No | | Name & Ages of Children: |
| Respondent resides has legal guardian/conservator: ☐ Yes ☐ No | | Name & Ages of Children: |
| Source of Information: ☐Respondent ☐Affiant ☐Chart Review ☐Other | | |

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| **Affiant Demographics** | |
| Affiant Name: | Relation of Respondent: |
| Phone Number: | Home Address: |
| Source of Information: ☐Respondent ☐Affiant ☐Chart Review ☐Other | |

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| **Respondent Psychosocial Information** | | | |
| Current Living: ☐Alone ☐Family/Friends ☐Assisted Living ☐Homeless ☐Other/Describe: | | | |
| Housing: Dwelling: Marital Status: | Home Address: | | |
| Employed: ☐ Yes ☐ No Employer/Position: | | | Length of Job: |
| If unemployed (most recent job?): | | Highest Level of Education Completed: | |
| Religious Preference or Practice: | | | |
| Source of Information: ☐Respondent ☐Affiant ☐Chart Review ☐Other | | | |

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| **Psychiatric History** | |
| Current Psychotropic Medications: Dosage & Date/Time Last Taken: Is the medication helpful or problematic: | |
| Psychiatric Hospitalizations: | Locations/Dates:  Enter Location and Date |
| Outpatient Treatments: | Locations/Dates: |
| Psychological Testing: | Provider/Dates: |
| Source of Information: ☐Respondent ☐Affiant ☐Chart Review ☐Other | |
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| **Medical Status & Treatment History** | |
| Current Medications (not listed above): Dosage & Date/Time Last Taken: Is the medication helpful or problematic: | |
| Known Medication Allergies: | |
| Currently Under Physician Care For: | Physician’s Name: |
| Conditions Treated In The Past: | Provider/Dates: |
| Medical Hospitalization History: | Physical Disabilities: |
| Current Communicable Diseases:  ☐HIV/AIDS ☐Hepatitis A ☐Hepatitis B ☐Hepatitis C ☐TB(Tuberculosis)  ☐MRSA ☐Influenza ☐Head Lice ☐Scabies ☐Body Lice ☐STIs ☐Other | |
| Currently Pregnant: ☐ Yes ☐ No | |
| Source of Information: ☐Respondent ☐Affiant ☐Chart Review ☐Other | |

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| **Developmental Disability** | |
| History of Special Education Ruling: ☐ Yes ☐ No | If yes, describe: |
| Documented IQ below 70: ☐ Yes ☐ No | If yes, describe: |
| Documented sub-average intellectual functioning before age  18: ☐ Yes ☐ No | If yes, describe: |
| Documented Adaptive Functioning Deficits: ☐ Yes ☐ No | If yes, describe: |
| Specific Observed Adaptive Functioning Deficits: | |
| Source of Information: ☐Respondent ☐Affiant ☐Chart Review ☐Other | |

Oriented to Date: **Time: Place:**

\*Cue for three words (provide words)

President:

**Mental State Exam**

Counting Response:

Word Recall:

Completed Written Command: ☐ Yes ☐ No If no, describe:

What do you understand the reason for our meeting today to be?

Source of Information: ☐Respondent ☐Affiant ☐Chart Review ☐Other

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| **Psychiatric Symptoms Past Month** | | | | | | | | |
| **Respondent( R ) Informant(I)** | | | | | | | | |
| **Depressive Symptoms** | **R** | **I** | **Anxiety Symptoms** | **R** | **I** | **Somatic Symptoms** | **R** | **I** |
| ☐Depressed mood most of the day | ☐ | ☐ | ☐ Worry | ☐ | ☐ | ☐Headaches | ☐ | ☐ |
| ☐ Lack of Interest/Pleasure | ☐ | ☐ | ☐ Restlessness | ☐ | ☐ | ☐Chest Discomfort/Pain | ☐ | ☐ |
| ☐ Appetite Change or Sig Weight  Change | ☐ | ☐ | ☐ Easily Fatigued | ☐ | ☐ | ☐Faintness | ☐ | ☐ |
| ☐ Insomnia (Difficulty Falling Asleep) | ☐ | ☐ | ☐ Irritability | ☐ | ☐ | ☐ Hot or Cold Flashes | ☐ | ☐ |
| ☐ Feelings of Worthlessness | ☐ | ☐ | ☐ Muscle Tension | ☐ | ☐ | ☐Stomach Aches/Pains | ☐ | ☐ |
| ☐ Fatigue or Loss of Energy | ☐ | ☐ | ☐ Difficulty Concentrating | ☐ | ☐ | ☐ Heart Palpitations | ☐ | ☐ |
| ☐ Diminished Concentration | ☐ | ☐ | ☐ Sleep Disturbance | ☐ | ☐ | ☐ Dizziness or Vertigo | ☐ | ☐ |

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| --- | --- | --- | --- | --- |
| **Psychiatric Symptoms Past Month** | | | | |
| **Respondent( R ) Informant(I)** | | | | |
| ☐ Indecisiveness ☐ ☐ | | ☐ Other ☐ ☐ | | ☐Shaking/Trembling ☐ ☐ |
| ☐ Hypersomnia (Sleeping Excessively) ☐ ☐ | |  | | ☐Tingling in hands or feet ☐ ☐ |
| ☐ Recurrent Thoughts of Death ☐ ☐ | |  | | ☐Excessive Sweating ☐ ☐ |
| ☐ Motor Retardation ☐ ☐ | |  | | ☐ Other ☐ ☐ |
| ☐ Motor Agitation ☐ ☐ | |  | |  |
| ☐ Feelings of Hopelessness ☐ ☐ | |  | |  |
| ☐ Other ☐ ☐ | |  | |  |
| **Mania & Hypomania Symptoms R I** | **R I** | | | |
| ☐ At least 1 week ☐ ☐ | ☐More talkative than usual ☐ ☐ | | | |
| ☐ 4 consecutive days < weeks ☐ ☐ | ☐Excessive involvement in activities with high potential for  painful consequences ☐ ☐ | | | |
| ☐ Flight of ideas/racing thoughts ☐ ☐ | ☐Distractibility ☐ ☐ | | | |
| ☐ Decreased need for sleep ☐ ☐ | Persistent elevated, or irritable mood and significant increases in  goal directed activity ☐Yes ☐No ☐ ☐ | | | |
| ☐ Increased self-esteem of Grandiosity ☐ ☐ |  | | | |
| **Thought Disorder Symptoms R I** | | |  | |
| ☐ Hallucinations ☐ ☐ | | | ☐ Absence of emotions ☐ ☐ | |
| ☐ Auditory ☐Visual ☐Olfactory ☐ ☐ | | | ☐Absence of speech ☐ ☐ | |
| ☐ Tactile ☐Gustatory ☐ ☐ | | | ☐Absence of movement ☐ ☐ | |
| Specific Hallucinations: ☐ ☐ | | | ☐ Lack of Hygiene ☐ ☐ | |
| ☐ Delusions ☐ ☐ | | | ☐Lack of eating/feeding ☐ ☐ | |
| ☐Persecutory ☐Grandiose ☐Paranoid ☐ ☐ ☐  Other | | |  | |
| Specific Delusions: | | |  | |
| **Obsessive Compulsive Symptoms** | | |  | |
| Obsessive Thoughts ☐Yes ☐No ☐ ☐ | | | Compulsive Behaviors ☐Yes ☐No ☐ ☐ | |
| Severity: ☐Mild ☐Moderate ☐Severe ☐ ☐ | | | Severity: ☐Mild ☐Moderate ☐Severe ☐ ☐ | |
| Specific Obsessions: ☐ ☐ | | | Specific Compulsions: ☐ ☐ | |

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| **Trauma History** | | | | |
| Trauma Exposure ☐Yes ☐No (type/approx. Date) | | | | |
| Trauma Triggers: | | | | |
| Environmental | ☐ Crowding | ☐Room checks | ☐Confusing signs | ☐ Slamming doors |
|  | ☐ Leaving bedroom door open | ☐ Dark room | ☐ Too hot or too cold | ☐ Noise |
| Interpersonal | ☐ Lack of privacy | ☐ Being approached by  men or women | ☐Arguments | ☐People Yelling |
|  | ☐ Confined spaces | ☐Being touched | ☐ People too close | ☐Contact with Family |
|  | ☐ Being stared at | ☐ Being ignored | ☐Feeling pressured | ☐ Being ordered to do  something |
|  | ☐ Being approached by women | ☐ Being Teased/picked on | ☐ People focusing on my  symptoms | ☐ Smells |
| ☐ Tall or large people | | | | |
| Other Triggers | ☐ Taste ☐ Time of Day | ☐sounds ☐ Sights | ☐ Sensations/textures | ☐ Wringing hands |
| Warning Signs of Emotional escalations | ☐ Heart Pounding  ☐ Clenching teeth  ☐Bouncing legs | ☐ Shortness of Breath  ☐ Flushed/red face  ☐Singing | ☐ Breathing Hard  ☐ Crying  ☐Can’t sit still | ☐Wringing hands  ☐Clenching fists  ☐Cursing/swearing |
|  | ☐ Sweating | ☐ Rocking | ☐Pacing | ☐Giggling |
| Source of Information: ☐Respondent ☐Affiant ☐Chart Review ☐Other | | | | |

|  |  |
| --- | --- |
| **Suicide Assessment** | |
| Prior Attempts: | Friend or Family Member Completed Suicide: |
| Approximate Date: | Approximate Date: |
| Method of attempt: | Method of suicide: |
| Source of Information: ☐Respondent ☐Affiant ☐Chart Review ☐Other | |

**History or Present Danger to Self** ❒ Yes ❒ No *(If Yes, mark appropriate statement(s) below)*

❒ Thoughts of suicide ❒ Threats of suicide ❒ Plan for suicide ❒ Pre-occupation with death

❒ Suicide gesture ❒ Suicide attempts ❒ Family history of suicide ❒ Self-mutilation

❒ Inability to care for self ❒ High risk behavior ❒ Provoking harm to self from others

❒ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Violence Risk Assessment**

Current thoughts about harming another person ☐ Yes ☐ No

If Yes, whom:

If yes, how long have you had these thoughts?

If yes, specific plan:

Access to means to carry out plan:

Source of Information: ☐Respondent ☐Affiant ☐Chart Review ☐Other

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Violence Risk Factors Present** | | | | | |
| Present | Unknown |  | Present | Unknown |  |
| ☐ | ☐ | Male Gender | ☐ | ☐ | Substance Abuse |
| ☐ | ☐ | Suspiciousness/Perception of hidden threat | ☐ | ☐ | Comorbid MI & Substance Use Dx |
| ☐ | ☐ | Early offense history | ☐ | ☐ | Anger |
| ☐ | ☐ | Psychopathy (PCL:SV>12) | ☐ | ☐ | Antisocial Personality Diagnosis |
| ☐ | ☐ | Violent Fantasies | Frequency, type, recency | |  |
| ☐ | ☐ | Previous violence against other people | Frequency, severity, type | |  |
| ☐ | ☐ | Childhood physical abuse | Frequency, severity | |  |
| Source of Information: ☐Respondent ☐Affiant ☐Chart Review ☐Other | | | | | |

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| --- | --- | --- | --- | --- |
| **Substance Use** | | | | |
| Do you currently use? | | | | |
|  | Past Use | Amount | Frequency | Age of Initiation |
| Caffeine |  |  |  |  |
| Nicotine |  |  |  |  |
| Alcohol |  |  |  |  |
| Marijuana |  |  |  |  |
| Opioids |  |  |  |  |
| Amphetamines |  |  |  |  |
| Hallucinogenic |  |  |  |  |
| Prescription Medication |  |  |  |  |
| Over the counter medication |  |  |  |  |
| History of legal charges related to substance use? ☐ Yes ☐ No | | | Describe: | |
| Source of Information: ☐Respondent ☐Affiant ☐Chart Review ☐Other | | | | |

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| --- | --- | --- | --- | --- | --- |
| **Physical Appearance** | | | | | |
|  | **Attire** | **Hair** | **Nails** | **Skin** | |
| ☐ Glasses | ☐ Appropriate for occasion | ☐ Clean | ☐ Clean | ☐ Clean | ☐ Bruised |
| ☐ Contacts | ☐ Appropriate for weather | ☐ Dirty | ☐ Dirty | ☐ Dirty | ☐ Cuts/Scrapes |
| ☐ Hearing Aids | ☐ Clean | ☐ Disheveled | ☐ | ☐ Tattoos  Describe: | |
|  | ☐ Dirty | ☐ Styled |
|  | ☐ Torn/worn through |  | ☐ | ☐ Sores | |
|  | ☐ Other |  | ☐ |  | |
|  |  |  |  |  | |
| **Teeth** | Unusual alterations or distinguishing features: | | | | |
| ☐ Clean |
| ☐ Dirty |
| ☐ Decay |
| ☐ Missing |
| Source of Information: ☐Respondent ☐Affiant ☐Chart Review ☐Other | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Behavioral Observations** | | | | |
| **Motor Activity** |  |  |  |  |
| Diminished | Normal | Excessive | Unusual |  |
| ☐ Frozen | ☐ Purposeful | ☐ Restless | ☐ Other |  |
| ☐ Catatonic | ☐ Coordinated | ☐ Squirming |  |  |
| ☐ Almost motionless | ☐ Other | ☐ Fidgety |  |  |
| ☐ Little animation |  | ☐ Constant movement |
| ☐ Psychomotor retardation |  | ☐ Hyperactive |  |  |
| ☐ Slowed reaction time |  | ☐ Other |  |  |
| ☐ Other |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Speech** |  |  |  |  |
| Slowed | Normal | Pressured | Verbose | Unusual |
| ☐ Minimal response | ☐ Initiates | ☐ Excessively wordy | ☐ Over productive | ☐ |
| ☐ Unspontaneous | ☐ Alert/responsive | ☐ Expansive | ☐Long winded |  |
| ☐ Sluggish | ☐ Productive | ☐ Rapid | ☐Non stop |  |
| ☐ Paucity | ☐ Animated | ☐ Fast | ☐ Frequent run-ons |
| ☐ Impoverished | ☐ Spontaneous | ☐ Rushed | ☐Flight of ideas |  |
| ☐ Single word  answers | ☐Smooth | ☐ Other | ☐Hyper verbal |  |
| ☐ Other | ☐ Other |  | ☐Other |  |
|  |  |  |  |  |
| **Thought Process** |  |  |  |  |
| Attention | Insight | Preoccupations |  |  |
| ☐ Normal | ☐ Good | ☐ Somatic | ☐ Self |  |
| ☐ Unengaged | ☐ Fair | ☐ Children | ☐ Finances |  |
| ☐ Distractible | ☐ Poor | ☐ Spouse/Sig Other | ☐ Other |  |
| ☐ Hyper vigilant | ☐ No insight | ☐ Job |  |  |
| ☐ Hyper focused |  |  |  |  |
| Source of Information: ☐Respondent ☐Affiant ☐Chart Review ☐Other | | | | |

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| --- | --- | --- | --- | --- |
| **Behavioral Observations** | | | | |
| **Affect** |  |  |  |  |
| ☐Flat | ☐ Blunted | ☐ Constricted | ☐ Normal | ☐Broad |
| **Facial Expression** |  |  |  |  |
| ☐ Vacant |  |  |  |  |
| ☐ Blank |  |  |  |  |
| ☐ Strained |  |  |  |  |
| ☐Pained |  |  |  |  |
| ☐ Grimacing |  |  |  |  |
| ☐ Smiling |  |  |  |  |
| ☐ Other |  |  |  |  |
| Source of Information: ☐Respondent ☐Affiant ☐Chart Review ☐Other | | | | |

**Summary & Recommendations**

**Additional Comments:**

Based on the data gathered for the current Pre Evaluation Screening:

☐ It is **NOT** recommended that this respondent receive a civil commitment exam.

1) Current available information indicates that present symptomatology is due to

☐Dementia ☐Intellectual/Developmental Disability ☐ Epilepsy ☐Chemical Dependency ☐Mental Illness

2) The following referrals for appropriate evaluation or treatment have been provided:

a.

b.

c.

☐ It **IS** recommended that this respondent receive a civil commitment exam. Based on the data available for the current Pre Screening Evaluation the following symptomatology cannot be managed/treated in a less restrictive environment:

1)

2)

3)

4)

Signature-Credentials