**Youth 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.

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| **Respondent Demographics** | | |
| Name: | DOB: | Age: Gender: Race: |
| Social Sec #: Medicaid #: Medicare#: | | |
| Home Address: | | Phone Number: |
| Does the respondent have a legal guardian or conservator: ☐ Yes ☐ No | |  |
| Guardian/Conservator Contact Information | | |
| 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: | | | | |
| Current Grade in School: | | | Name of School: | |
| History of IEP or 504C: ☐ Yes ☐ No Date of most recent IEP or 504C: | | | |  |
| Juvenile Justice Involvement: ☐ Yes ☐ No | Describe | | | |
| Source of Information: ☐Respondent ☐Affiant ☐Chart Review ☐Other | | | | |
|  | | | | |
| **Psychiatric History** | | | | |
| Current Psychotropic Medications: Dosage & Date/Time Last Taken: Is the medication helpful or problematic: | | | | |
| Psychiatric Hospitalizations: | | Locations/Dates: | | |
| 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** | |
| Pregnancy/Delivery Complications: ☐ Yes ☐ No | Describe: |
| Met Developmental Milestones On Time:  Walked ☐ Talked ☐ Crawled ☐ Toilet Trained ☐ Feeding ☐ | If no, describe: |
| 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)** | | | | | | | | |
| **Mood Symptoms** | **R** | **I** | **Mood Symptoms** | **R** | **I** | **Behavioral Symptoms** | **R** | **I** |
| ☐ Depressed mood/Appears Sad | ☐ | ☐ | ☐ Dizzy | ☐ | ☐ | ☐Attempts to “ Annoy” Others | ☐ | ☐ |
| ☐ Enjoys Very Little | ☐ | ☐ | ☐ Shaking/Trembling | ☐ | ☐ | ☐ Defies Requests | ☐ | ☐ |
| ☐ Cries Frequently | ☐ | ☐ | ☐Excessive Sweating | ☐ | ☐ | ☐ Angry & Resentful | ☐ | ☐ |
| ☐ Decrease in Appetite | ☐ | ☐ | ☐ Shortness of Breath | ☐ | ☐ | ☐ Sullen | ☐ | ☐ |
| ☐ Increase in Appetite | ☐ | ☐ | ☐ Tingling in Hands or Feet | ☐ | ☐ | ☐ Irritable | ☐ | ☐ |

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| **Psychiatric Symptoms Past Month** | | |
| **Mood Symptoms continues R I** | **Mood Symptoms R I**  **continues** | **Behavioral Symptoms**  **continues R I** |
| ☐ Fatigued or Underactive (without ☐ ☐  reason) | ☐ Headache ☐ ☐ | ☐ Tantrums ☐ ☐ |
| ☐ Difficulty Sleeping ☐ ☐ | **Behavioral Symptoms R I** | ☐ Lying ☐ ☐ |
| ☐ Nightmares/Nigh Terrors ☐ ☐ | ☐Impulsive ☐ ☐ | ☐ Cheating ☐ ☐ |
| ☐ Withdrawn From Peers ☐ ☐ | ☐ Fails to Finish Tasks ☐ ☐ | ☐ Steals ☐ ☐ |
| ☐ Bullied or Rejected by Peers ☐ ☐ | ☐ Talks Excessively ☐ ☐ | ☐ Physically Harms People ☐ ☐ |
| ☐ Engages in Self Harm ☐ ☐ | ☐ Loud ☐ ☐ | ☐ Physically Harms Animals ☐ ☐ |
| ☐ Talks About Killing Self Wishes to die ☐ ☐ | ☐ Blurts Words/Interrupts ☐ ☐ | ☐ Destroys Property ☐ ☐ |
| ☐ Clings to Adults/Dependent ☐ ☐ | ☐ Difficulty Sitting Still, ☐ ☐  Restless | ☐ Sets Fires ☐ ☐ |
| ☐ Fears Specific Situations or Objects ☐ ☐  Describe: | ☐ Fidgets ☐ ☐ | ☐ Threatens Others ☐ ☐ |
| ☐ Reports Fearing School ☐ ☐ | ☐ Easily Distracted ☐ ☐ | ☐ Physical Fights With Peers ☐ ☐ |
| ☐ Worries ☐ ☐ | ☐ Disorganized ☐ ☐ | ☐ Skips School ☐ ☐ |
| ☐ Tense ☐ ☐ | ☐ Forgetful/Misplaces  Belongings ☐ ☐ | ☐ Used a Weapon ☐ ☐ |
| ☐ Stomach Aches or Pains ☐ ☐ | ☐ Loses Temper Frequently ☐ ☐ | ☐ Delinquent Peers ☐ ☐ |
| ☐ Heart Palpitations ☐ ☐ | ☐ Argues with Adults ☐ ☐  ☐ Home ☐ School |  |

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| **Psychiatric Symptoms Past Month** | |
| **Respondent( R ) Informant(I)** | |
| **Thought Disorder Symptoms R I** | **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 ☐ ☐ | Obsessive Thoughts ☐Yes ☐No ☐ ☐ |
| Severity: ☐Mild ☐Moderate ☐Severe ☐ ☐ | Severity: ☐Mild ☐Moderate ☐Severe ☐ ☐ |
| Specific Obsessions: ☐ ☐ | Specific Obsessions: ☐ ☐ |

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| **Trauma History** | | | | |
| Trauma Exposure ☐Yes ☐No (type/approx. Date) Click here to enter text. | | | |  |
| 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 ☐ Tall or large people ☐ Smells

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | ☐People focusing on my symptoms |
| Other Triggers | ☐ Taste ☐ Time of Day | ☐sounds ☐ Sights | ☐ Sensations/textures | ☐ Wringing hands |
|  | ☐ Heart Pounding | ☐ Shortness of Breath | ☐ Breathing Hard | ☐Wringing hands |
| Warning Signs of | ☐ Clenching teeth | ☐ Flushed/red face | ☐ Crying | ☐Clenching fists |
| Emotional escalations | ☐Bouncing legs | ☐Singing | ☐Can’t sit still | ☐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 | |

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| **Behaviors Exhibited by Respondent** | |
| 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 侊 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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| **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 | |
|  | ☐ 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 | | | | | |

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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 | | | | |

Describe:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |  |
|  |  |  |  |  |

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| --- | --- | --- | --- | --- |
| **Thought Process** |  |  |  |  |
| Attention | Insight | Preoccupations |  |  |
| ☐ Normal | ☐ IGood | ☐ Somatics | ☐ 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 | | | | |
| **Affect** |  |  |  |  |
| ☐Flat | ☐ Blunted | ☐ Constricted | ☐ Normal | ☐Broad |
| **Facial Expression** |  |  |  |  |
| ☐ Vacant |  |  |  |  |
| ☐ Blank |  |  |  |  |
| ☐ Strained |  |  |  |  |
| ☐Pained |  |  |  |  |
| ☐ Grimacing |  |  |  |  |
| ☐ Smiling |  |  |  |  |
| ☐ 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