**INTERSYSTEM/RESTRICTIVE HOUSING MENTAL HEALTH SCREENING**

**INSTRUCTIONS:** THIS SCREENING SHALL BE COMPLETED ON ALL PATIENTS ARRIVING FROM NON-DOC FACILITIES OR PLACED IN RESTRICTIVE HOUSING.

<table>
<thead>
<tr>
<th>Date</th>
<th>Received From</th>
<th>Out of State</th>
<th>Federal Detention</th>
<th>Receiving Facility</th>
</tr>
</thead>
</table>

1. Have you ever received therapy or medication for a mental health concern and/or suicide attempt?  
   - Yes  
   - No  
   (IF YES) # of inpatient hospitalizations:  
   Most recent:  
   (IF YES) Outpatient:  
   - Current treatment  
   - Currently recommended/reported, but not attending  
   - Past treatment  
   - Only in correctional settings  
   (IF YES) Are you taking any medications now?  
   - Yes  
   - No  
   (IF YES) When did you take it last?  

2. Have you ever been told you have a mental health diagnosis?  
   - Yes  
   - No  
   Reported:  
   - Depression  
   - Anxiety  
   - Bipolar  
   - Schizophrenia  
   - Psychosis  
   - ADD/ADHD  
   - PTSD  
   - Other (describe):  
   Via:  
   - Indicated from alert received  
   - Self-report  
   - Observed ≥ 1 indicators of a mental health problem  

3. Do you feel you need mental health services now?  
   - Yes  
   - No  
   (IF YES) Describe:  

4. Have you ever tried to hurt or kill yourself?  
   - Yes  
   - No  
   (IF YES) a) How many times?  
   - b) When was the last time?  
   - c) What happened afterward?  
   - Nothing  
   - Medically treated  
   - Psychiatically hospitalized  

5. Have you ever tried to provoke others in an attempt to kill yourself (example, suicide by cop)?  
   - Yes  
   - No  

6. Are you thinking of hurting or killing yourself at this time?  
   - Yes  
   - No  

7. Have you ever been knocked out for longer than 30 minutes?  
   - Yes  
   - No  
   (IF YES) How many times have you been knocked out or lost consciousness?  
   (Refer for TBI services)  

8. Clean and sober, have you ever heard or seen things other people did not?  
   - Yes  
   - No  
   (IF YES) a) Describe:  
   - (IF YES) b) Do they tell you to hurt yourself or someone else?  

9. Were you ever abused at any time in your life, including while in jail or prison?  
   - Yes  
   - No  
   (IF YES)  
   - Emotionally  
   - Physically  
   - Sexually  

10. If you were being pressured, would you have difficulty saying no and walking away?  
    - Yes  
    - No  

11. When is the last time you used alcohol, marijuana, illicit drugs, or abused prescription drugs?  
    - Substance of choice:  
    - Received chemical dependency treatment?  
    - Yes  
    - No  

12. Do you have trouble reading and writing?  
    - Yes  
    - No  
    Do you have a history of special education?  
    - Yes  
    - No  

**OBSERVATIONS**

| Appearance: | Groomed | Disheveled | Poor hygiene/malodorous | Gait | Alert/oriented | Disoriented/confused | Scars/tattoos | Poor dentition | Other: | Behavior: | Withdrawn/flat affect | Odd/bizarre | Fidgety/antsy | Slow to respond | Other: | Unremarkable | Inappropriate affect | Tremors | Rapid/pressured speech | Other: | Attitude: | Easily distracted | Suspicious | Anxious | Hostile/defensive | Other: | Cooperative | Manipulative | Tangential | Evasive/guarded | Other: |
|-------------|---------|------------|--------------------------|------|---------------|----------------------|--------------|----------------|--------|-------------|-------------------|------------|-------------------|---------------------|--------|----------------------|--------|-------------|---------------------|--------|---------------------|--------|

**DISPOSITION**

<table>
<thead>
<tr>
<th>Housing</th>
<th>General pop.</th>
<th>COA</th>
<th>RTU/TEC</th>
<th>S code:</th>
</tr>
</thead>
</table>

**Referral for mental health appraisal:**  
- 24hr/Urgent  
- Routine scheduling  
- Priority:  

- Referral for TBI Services  
  - Notified  
- Housing alert: Potential victim (enter into OMNI)  
  - Notified  

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.

DISTRIBUTION: Original – Health Record; Copies – Mental Health (2), Reception CUS, SOTP (when applicable)

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