PATIENT NAME:	
DOC NUMBER:	DATE OF BIRTH:

VIOLATOR INTAKE SCREENING

INSTRUCTIONS: STAFF MAY COMPLETE THIS SCREENING ON VIOLATORS ARRIVING FROM NON-DOC FACILITIES.

DATE:	RECEIVED FROM:	RECEIVING INSTITUTION:

Weight: ________ BP: ___________ Pulse: _________ Sp0₂: ________ Temp: _________ Resp: ________

Do you wear:				If yes, explain:
Glasses	☐ No	☐ Yes	☐ On person	____________
Contacts	☐ No	☐ Yes	☐ On person	____________
Dentures	☐ No	☐ Yes	☐ On person	____________
Partials	☐ No	☐ Yes	☐ On person	____________
Artificial limbs	☐ No	☐ Yes	☐ On person	____________
Hearing aids	☐ No	☐ Yes	☐ On person	____________
Other (specify)	☐ No	☐ Yes	☐ On person	____________

Do you have any allergies? If yes, list types and reactions: ☐ NKDA

What medical problems do you have? ☐ None

What provider do you see for your medical needs? ☐ None

What provider do you see for your mental health needs? ☐ None

Are you currently taking any type of medication? ☐ None
If yes, note types, indication, dosages and date of last use:

Are you currently on medication assisted treatment (MAT) for any chemical dependency? ☐ No
If yes:
What type?
How long have you been on treatment?
What is your current dose?
When did you take your last dose?
Prescriber information:
Will you have access to your medication on the day you release? ☐ Yes ☐ No
If No, explain below and refer to prescriber:

At what pharmacy do you pick up your medications? ☐ None

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VIOLATOR INTAKE SCREENING

In the last two weeks have you used:			If yes, list date of last use and frequency of use:
Alcohol	☐ No	☐ Yes	
Benzodiazepines	☐ No	☐ Yes	
Barbiturates	☐ No	☐ Yes	
Any opiate (specify)	☐ No	☐ Yes	
Other illicit drug	☐ No	☐ Yes	

Have you ever had a significant withdrawal from one of these drugs? ☐ Yes ☐ No

If yes, explain below:

Hepatitis and HIV Screen

Have you ever used I/V drugs?	☐ No	☐ Yes
Have you ever snorted drugs?	☐ No	☐ Yes
Have you been diagnosed with Hepatitis C?	☐ No	☐ Yes
Have you been diagnosed with HIV?	☐ No	☐ Yes
Do you want to be tested for hepatitis or HIV?	☐ No	☐ Yes

Tuberculosis and Contagion Screen

Have you ever had a positive blood test, skin test, or PPD test for tuberculosis?	☐ No	☐ Yes
Do you currently have a cough that's lasted for more than three weeks?	☐ No	☐ Yes
Are you coughing up blood?	☐ No	☐ Yes
Do you have fever, chills, or night sweats?	☐ No	☐ Yes
Have you had unintentional weight loss?	☐ No	☐ Yes
Has anyone you know recently been told they have tuberculosis?	☐ No	☐ Yes
Do you currently have or have you had diarrhea in the past few days?	☐ No	☐ Yes
Do you have pus or liquid draining from any part of your body?	☐ No	☐ Yes
Do you have a rash?	☐ No	☐ Yes

As part of routine testing, everyone is tested for Hepatitis and HIV unless an individual declines.

☐ I would like to decline testing.

~ Notify practitioner and IPN if patient has known chronic Hepatitis B, chronic Hepatitis C, or HIV infection ~

Do you currently have a contagious disease? ☐ No ☐ Yes

If yes, explain by indicting type and give details:

☐ Head/Body check for lice. Results: ☐ None observed ☐ Lice/eggs present (refer to practitioner)

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DOC NUMBER:	DATE OF BIRTH:

VIOLATOR INTAKE SCREENING

MENTAL HEALTH

Have you ever tried to hurt or kill yourself? ☐ No ☐ Yes

If Yes: a) How many times? _____ b) When was the last time? ____________

c) What happened afterward? ☐ Nothing ☐ Medically treated ☐ Psychiatrically hospitalized

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

Are you thinking of hurting or killing yourself at this time? ☐ No ☐ Yes

~ Notify Mental Health (MH) on-site, or if after hours, contact MH Duty Officer if patient reports current thoughts of hurting or killing self or if patient reports attempts to harm self in past six (6) months. ~

DATE and **TIME** MH notified: ____________ **NAME** of MH staff notified: ____________

OBSERVATIONS

LEVEL OF CONSCIOUSNESS	MENTAL STATUS	BEHAVIOR	APPEARANCE	SKIN CONDITION
☐ Alert	☐ Oriented x 3	☐ Cooperative	☐ Relaxed	☐ Unremarkable
☐ Drowsy	☐ Normal Affect	☐ Passive	☐ Clean & Neat	☐ Bruises
☐ Confused	☐ Flat Affect	☐ Evasive	☐ Disheveled	☐ Breaks in Skin
☐ Agitated	☐ Elated	☐ Demanding	☐ Dirty	☐ Jaundice
	☐ Fearful	☐ Angry	☐ Tremulous	☐ Diaphoretic
GAIT	☐ Hypervigilant	☐ Threatening	☐ Deformity	☐ Track Marks
☐ Normal	☐ Hallucinating	☐ Combative	☐ Appears intoxicated	☐ Scars
☐ Unsteady	☐ Delusional	☐ Slurred Speech	☐ Odor of ETOH	☐ Infestations
☐ Limping	☐ Incoherent	☐ Tearful	☐ Self-Inflicted Injury	☐ Skin Infections
☐ Other*		☐ Other*	☐ Other*	☐ Other*

*Other:

☐ **Prosthesis, Orthotics, or Special Equipment Needs:**

FEMALES ONLY

Are you now or do you suspect you are pregnant? ☐ No ☐ Yes

If yes, explain:

DISPOSITION

☐ General Population ☐ Appropriate Medical Housing ☐ Emergent Referral

COMPLETED BY (signature and stamp)	DATE/TIME

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