Logo for Forms

CONFIDENTIAL INFORMATION

NOT FOR RE-RELEASE

VIOLATION OF OAR 179-505

AND 45 CFR 164.508

**EARLY ASSESSMENT AND SUPPORT ALLIANCE (EASA)**

**SCREENING FORM**

**REFERRING PERSON/AGENCY:**

**EVALUATOR’S NAME (QMHP):**

**DATE(S) OF EVALUATION:**       

**INDIVIDUAL’S AGE AT EVALUATION:**

Does the individual speak a language other than English as the primary language?

No  Yes  If yes, what language:

Household language

Is a translator needed: No  Yes  If yes, when

Special Communications Needs:  None Reported  TDD/TTY Special Device  Sign Language Interpreter

Assistive Listening Device(s)  Other If Other, explain:

**Clinical Interview/Observation:** (check all that apply)

Individual  Parent(s)  Guardian(s)  Family/Friend  School Personnel

Other

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| **Presenting Problem:** (Reason for referral, presenting behavioral or mental health symptoms, pathway to care) |
| **Significant Biopsychosocial Factors:**  (Family constellation, psychosocial, cultural, spiritual, environmental stressors, legal, medical/physical, developmental and sexual history, trauma history/symptoms, client/family explanatory model, family mental health history, etc.)    **Cognitive:** (IQ, highest grade, IEP)    **Medical Concerns:** (Associated/major physical conditions, head trauma, medications, insurance, PCP, dentist) |

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| MENTAL STATUS | | | | | | |
| Appearance: | Appropriate | Inappropriate | Unusual | Disheveled |  |  |
| Hygiene: | Good | Fair | Poor | Other: |  | |
| Body Movement: | Unremarkable | Accelerated | Agitated | Slowed | Erratic |  |
| Speech & Tone: | Appropriate | Loud | Soft | Rapid | Slow | Pressured |
| Attitude: | Unremarkable | Friendly | Helpful | Open | Outgoing | Uncooperative |
| Interested | Withdrawn | Dependent | Irritable | Rude | Suspicious |
| Affect: | Congruent | Incongruent | Flat | Restricted | Blunted | Labile |
| Mood: | Euthymic | Euphoric | Depressed | Anxious | Angry |  |
| Labile |  | Other: | | | |
| Orientation: | Person | Place | Time | Circumstances |  |  |
| Thought Process: | Goal-Directed | Concrete | Circumstantial | Tangential | Confused | Latencies |
| Perseveration | Loose | Flight of Ideas | Other: |  | |
| Thought Content: | Unremarkable | Hallucinations | Ideas of Reference | Delusions | Paranoia | Religiosity |
| Intellectual Level: | Above Average | Average | Below Average | Difficult to Assess | |  |
| Attention: | Good | Poor | Inattentive | Distracted |  |  |
| Memory: | Intact | Deficit, short-term | Deficit, long-term |  |  |  |
| Judgment: | Intact | Fair | Poor | Bizarre |  |  |
| Insight: | Absent | Good | Limited | Poor |  |  |
| **Comments on Mental Status:** (Presentation, eye contact, relatedness, content of delusions/hallucinations, pertinent quotes) | | | | | | |

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| **Mental Health Symptoms**: (Precipitants; etiology of primary and secondary symptoms; at-risk symptoms; course of illness, onset, duration of symptoms; impaired functioning, behavioral/conduct problems, sleep, appetite, social withdrawal, deterioration at work/school, pre-morbid functioning)    **Treatment History;** (past mental health treatment, effectiveness)    **Substance Use/Abuse:** (Current/past, treatment history, stage of change, gambling) |

**RISK:**

**SELF HARM** *Assessment for suicide potential is required* (If current or history, must describe below)

**Current History None**

Suicidal Ideation:

Intent

Plan:

Concrete steps taken toward plan:

Previous attempts of Suicide:

More than one attempt:

Losses within the past year:

Family history of suicide:

Friend history of suicide:

Self Injurious Behavior:

# Summary: (Describe risk factors including accessibility/lethality of means and methods used on all current or history items that are checked.)

# HARM TO OTHERS

(If current or history, describe below)

**Current History None**

Homicidal Ideation:

Intent

Plan:

Concrete steps taken toward plan:

Aggressive Physical Behavior:

Fire setting Behavior:

Sexually Abusive Behavior:

# Summary: (Describe risk factors including accessibility/lethality of means, methods used on all current or history items that are checked.)

Are there firearms/other weapons in the home? No  Yes  If “yes,” please describe.

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| **Additional Risk Factors:** (Related to individual’s level of impulsivity, sense of urgency or hopelessness, level of agitation, anger, anxiety, use of substances, relevant health issues, history of abuse/neglect, history of exposure to violence, relationship to authority figures, history of bullying/being bullied.) |

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| **Goals/Strengths & Relieving Factors:** (Individual/family goals and strengths; what’s worked in the past) |
| **PROVISIONAL DSM DIAGNOSIS**  **AXIS I:**  **QMHP Signature & Credentials:**   **Date:**  **Printed Name:**  **Individual is appropriate for continued assessment and engagement:**  **Yes**  **No**  **If no, reason:**  **Plan:** |