**Mental Health Re-Screening**

90 Day Re-Screen Annual Re-Screen



MH Initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Analyst Initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**URGENT*:* Yes/NoDate:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Child’s Name (First, MI, Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Social Worker/PO:\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Child’s Current Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **Caregiver:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Circle type of placement: FH/FFA GH Relative/NREFM Juv. Hall Legal Guardian Parent**
3. **Social Security #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **Primary Care Physician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
5. **Circle consent authority: Parent Detained/Court Dependent Ward of Court**
6. **School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade: \_\_\_\_\_ IEP: Yes/No**
7. **Katie A. Qualifiers: \_\_ Psychiatric Hospitalization \_\_3+ Placements due to Behaviors \_\_SCR**

**Receiving or being considered for: \_\_Wraparound \_\_TBS \_\_ RCL 10+**

1. **PRIMARY CONCERNS ABOUT THE CHILD (Include concerns about home & school, substance abuse):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **Has the child been a danger to him/herself in the past 90 days? Yes/No**

**\_\_\_\_** *has attempted suicide, made suicidal gestures, or expressed suicidal thoughts*

**\_\_\_\_** *has assaulted other children or adults*

**\_\_\_\_** *is very reckless regarding personal safety*

**\_\_\_\_** *attempts to or has sexually assaulted or molested other children, etc.*

*Comments****:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **Has the child been the victim of severe physical or sexual abuse or been witness to extreme violence or abuse in the last 90 days? Yes/No**

**\_\_\_\_** *has been the primary or secondary victim of severe physical or sexual abuse*

**\_\_\_\_** *has been threatened or terrorized*

**\_\_\_\_** *has witnessed murder, torture, or violent sexual assault, etc.*

*Comments***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **Does the child currently exhibit behaviors that are so serious that child’s living or educational situation is in jeopardy? Yes/No**

**\_\_\_\_** *exhibits persistently chaotic, impulsive, disruptive behaviors, or excessive noncompliance*

**\_\_\_\_** *has daily verbal outbursts*

**\_\_\_\_** *has history or pattern of fire-setting or cruelty to animals*

**\_\_\_\_** *requires redirection and supervision at all times; requires total attention of caregiver*

**\_\_\_\_** *wanders or leaves house at night*

**\_\_\_\_** *is repeatedly truant; engages in illegal activities; regularly lies, etc.*

*Comments:* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **Has the child engaged in bizarre, self-injuring, or other unusual behaviors in the last 90 days? Yes/No**

**\_\_\_\_** *has engaged in excessive, compulsive, or public masturbation*

**\_\_\_\_** *has engaged or engages in self-harming behaviors, i.e., cutting on arms or legs*

**\_\_\_\_** *appears to hear voices or to respond to other internal stimuli (including those**which are alcohol or drug induced)*

**\_\_\_\_** *exhibits repetitive body movements (e.g., rocking)*

*Comments***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **Does the child have a need for psychotropic medication consultation or a prescription refill? Yes/No**

**\_\_\_\_** *requires a medication evaluation as soon as possible*

**\_\_\_\_** *has run out of medication, without which child cannot remain stable, etc.*

1. **Does the child have problems developing or maintaining positive relationships? Yes/No**

**\_\_\_\_** *fights other children; threatens/victimizes others*

**\_\_\_\_** *is unable to trust or form attachments to others; forms inappropriate attachments to others*

**\_\_\_\_** *is involved or identifies with gangs; manipulates others, etc.*

*Comments:* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **Does the child have significant problems managing his/her feelings? Yes/No**

**\_\_\_\_** *has severe temper tantrums; screams or cries uncontrollably*

**\_\_\_\_** *has nightmares that routinely disrupt sleep*

**\_\_\_\_** *is withdrawn and isolated; appears sad or depressed; regularly expresses**feelings of hopelessness or worthlessness, etc.*

**\_\_\_\_** *is restless or overactive*

**\_\_\_\_** *worries excessively or is very preoccupied*

*Comments***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **Does the child have a history of psychiatric treatment or hospitalization, and/or use of psychotropic medications? Yes/No**

**\_\_\_\_** *has been in therapy*

**\_\_\_\_** *has had a psychiatric hospitalization; date***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_** *currently takes or has in the past taken psychotropic medication*

*Comments***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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i. Due to MH symptoms, does the child suffer a significant impact in his/her daily life? Yes/No**

**\_\_\_\_** *is unable to learn in school*

**\_\_\_\_** *is significantly delayed in language skills*

**\_\_\_\_** *is poorly or unsocialized*

**\_\_\_\_** *is selectively mute*

**\_\_\_\_** *has required high-level placement or incarceration*

**\_\_\_\_** *is incapable of managing basic skills for his/her age level, etc. (Behavior is not believed to be due to a developmental disorder.)*

*Comments***:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Please Submit completed screening to the Access Clinician at Yuba Street**