

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| [ ]  Interested | [ ]  Withdrawn | [ ]  Dependent | [ ]  Irritable | [ ]  Rude | [ ]  Suspicious |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:**  |