MULTNOMAH COUNTY
DEPARTMENT OF COUNTY HUMAN SERVICES
MENTAL HEALTH AND ADDICTION SERVICES DIVISION

CONFIDENTIAL INFORMATION
NOT FOR RE-RELEASE
VIOLATION OF OAR 179-505
AND 45 CFR 164.508

INDIVIDUAL'S NAME: _____ **DOB:** _____

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 _____

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)

INDIVIDUAL'S NAME: _____ **DOB:** _____

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Attitude:	☐ Unremarkable ☐ Interested	☐ Friendly ☐ Withdrawn	☐ Helpful ☐ Dependent	☐ Open ☐ Irritable	☐ Outgoing ☐ Rude	☐ Uncooperative ☐ Suspicious
Affect:	☐ Congruent	☐ Incongruent	☐ Flat	☐ Restricted	☐ Blunted	☐ Labile
Mood:	☐ Euthymic ☐ Labile	☐ Euphoric	☐ Depressed ☐ **Other**:	☐ Anxious	☐ Angry	
Orientation:	☐ Person	☐ Place	☐ Time	☐ Circumstances		
Thought Process:	☐ Goal-Directed ☐ Perseveration	☐ Concrete ☐ Loose	☐ Circumstantial ☐ Flight of Ideas	☐ Tangential ☐ Other:	☐ Confused	☐ Latencies
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)

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)

INDIVIDUAL'S NAME: _____ **DOB:** _____

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.

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.)

INDIVIDUAL'S NAME: _____ **DOB:** _____

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: