

TRI-COUNTY MENTAL HEALTH SERVICES
Deer Run Adult Crisis Residence
Admission Screening Sheet

Client: _____ Crisis Worker: _____

Was hospitalization initially sought for this consumer? Yes* No
 If Yes, explain _____

Has the consumer been to the respite unit before: Yes No
 If Yes, are there any return restrictions? _____

Is the consumer ambulatory and capable of basic ADLs (bathing, dressing, etc)? Yes No

Is suicidal or homicidal ideation present? Yes No
 Plan _____ Intent _____
 Contracts for Safety? Yes or No*

Is the consumer exhibiting signs or symptoms of psychosis or mania? Yes No
 If Yes, explain _____

Does consumer currently use drugs/alcohol? Yes No
 If Yes, has a tox screen been requested/performed? Yes No*

Is the consumer able to abstain from using drugs or alcohol without withdrawal symptoms? Yes No

Is the consumer medicine compliant? Yes No*
 If No, explain _____

Are the consumer's medications in original containers appropriately marked with current dosage? Yes No*

Has the consumer been medically cleared for this level of care? Yes No*
 If so, by provider _____ or in an emergency department _____

Is there a history of verbal, physical or sexual abuse or threatening of others? Yes* No

Does the consumer have a history of theft or destruction of property? Yes No

Does the consumer have a place to live upon discharge? Yes No

Has the consumer been told that respite is a short-term placement that may end prior to the consumer feeling better? Yes No

Approving Clinical Coordinator: _____ Date/Time: _____

*May indicate an inappropriate referral.