

# DRAFT

County/Name of Facility

## Screening Form for Suicide and Medical and Mental Impairments

Inmate's Name:	Sex	Date of Birth:	Prisoner ID#	Date	Time
Name of Screening Officer		Inmate displayed behavior problems during previous incarcerations Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> First Time in This Facility <input type="checkbox"/>			
Any current medical problems, recent hospitalizations or serious injuries? (Also document medications here)					
If female, is inmate pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>			Inmate has previous military service? (Update if VRSS hit) Yes <input type="checkbox"/> No <input type="checkbox"/>		
Check appropriate column for each question					
If inmate is too intoxicated to answer questions or refuses to answer, notify supervisor and place inmate under constant supervision. Screener shall notate refusal in general comments. Complete new form when sober/cooperative			Column A Yes	Column B No	General Comments/Observations All "Yes" Responses Require Note to Document
<b>Observations of Arresting /Transporting Officer</b>					
1. Does the arresting/transporting officer believe or has received information that the inmate may be a suicide risk or has an intellectual disability (if Yes, Notify supervisor)					
<b>Personal Data</b>					
2. Have you ever received mental health services? (Note CCQ, current psychotropic medication(s), and most recent treatment provider)					
3. Do you have a history of drug or alcohol abuse?(Note drug and when last used)					
4. Do you lack support of family or friends in the community					
5. Have you experienced a recent loss (e.g. Loss of job, loss of relationship, death of close family member)					
6. Are you very worried about major problems other than legal situation( e.g. serious financial or family problems, a medical condition or fear of losing job)					
7. Has a family member or significant other (spouse, parent, close friend, lover) ever attempted or committed suicide.					
8. Are you worried arrest will cause embarrassment for yourself or your family? a. Does inmate hold a position of respect in the community?(professional/public official)					
9. Are you thinking about killing yourself today? <b>If yes, notify Supervisor and mental health professional</b>					
10. Have you ever attempted suicide? (Explore method and check for scars) <b>If yes, notify Supervisor and mental health professional</b>					
11. Are you feeling hopeless or have nothing to look forward to? <b>If yes, notify Supervisor and mental health professional</b>					
12. Are you unemployed?					
13. Do you have any chronic medical conditions? (e.g.,diabetes, hypertension, chronic pain) <b>(If Yes Notify Medical or Supervisor)</b>					
14. Do you hear any noises or voices that other people don't seem to hear?					
15. Have you been diagnosed with PTSD or Traumatic Brain Injury?					
<b>Behavior/Appearance</b>					
16. Inmate shows signs of depression (e.g. sadness, emotional flatness)					
17. Inmate is displaying unusual behaviors or is acting and/or talking strange (e.g., cannot focus attention, hearing or seeing things which are not there)					
18a. Inmate is apparently under the influence of alcohol or drugs					
b. Inmate self reports or is showing signs of withdrawal from alcohol or drugs					
c. Inmate is incoherent, disoriented, or showing signs of mental illness. <b>If YES to b or c, notify supervisor and medical/mental health professional</b>					
19. Inmate has visible signs of self harm (i.e., cuts on arm, ligature marks)					
20. Is inmate's current crime shocking /disturbing or violent/assaultive?					
<b>TOTAL Column A</b>					
Screener's Comments /Impressions					
<b>Action</b> : If total checks in Column A are 8 or more, OR any "Notify Supervisor" box is checked yes, OR if you felt it is necessary, institute close supervision until assessed by MH professional and Officer shall notify magistrate, supervisor and Mental/Medical professional					
<b>Magistrate Notification</b>		<b>Electronic/Written (Circle method)</b>		<b>Date/ Time</b>	
Inmate referred to Mental Health		<input type="checkbox"/> Emergency Referral Date/Time		<input type="checkbox"/> Non-emergency referral Date/Time	
<b>Supervisor's Name</b>					