

_____ County
Screening Form for Suicide and Medical and Mental Impairments

Name: Date of Birth:

State I.D. Number (if known)

Date/Time: Completed By:

Does arresting officer or any other person believe that the inmate is at risk due to **medical condition, mental illness, mental retardation, or suicide concern?** (Circle one or more if applicable)

Comments:

SELF-REPORT QUESTIONS (please elaborate as needed):

Any current medical problems, recent hospitalizations or serious injuries or concerns about withdrawal?
Yes No

If female, are you pregnant? Yes No Not Sure

Medications? Yes No

Have you ever received services for mental health or mental retardation? Yes No

Do you receive a social security check? Yes No

Have you ever been in special education? Yes No

Do you hear any noises or voices that other people don't seem to hear? Yes No

Have you ever been very depressed? Yes No

Do you feel this way now? Yes No

Have you had thoughts of killing yourself in the last year? Yes No

Are you thinking about killing yourself today? Yes No

Have you ever attempted suicide? Yes No When? Why? How?

Have you experienced a recent loss? Yes No

STAFF OBSERVATIONS (please elaborate as needed):

Does the individual seem (circle all that apply): **confused, pre-occupied, hopeless, sad, paranoid, in an unusually good mood, or believes he/she is someone else?**

Is this person's speech (circle all that apply): **rapid, hard to understand, hesitant, or childlike?**

Observed to be under the influence of: Alcohol? Drugs? Withdrawals?

Observed to have visible signs of self harm (i.e., cuts on arms, etc.): Yes No

Does the screener suspect mental illness/mental retardation? Yes No

If yes, when was a magistrate notified? Date/Time How? **Written/Electronic** (circle)

Comments:

Additional Comments