Mississippi Division of Youth Services

Medical Services

Initial Admission Screening Tool

This form shall be utilized at the youth's initial arrival at a DYS facility. It provides information that will determine whether the facility will authorize admission.

Youth Name	DOB	Sex	Date/Time

OBSERVATIONS

	No	Yes	Describe
1. Is the Youth Unconscious?	☐	☐	
2. Does the Youth have obvious injury (ies)	☐	☐	
3. Does the Youth appear to be under the influence of alcohol and or drugs?	☐	☐	
4. Does the Youth exhibit visible signs of alcohol and/or drug withdrawal? e.g. profuse sweating, vomiting, shakes, doubled over with cramps?	☐	☐	
5. Does the Youth exhibit Bizarre or unusual behavior? e.g. .confused, incoherent or violent	☐	☐	

Questions

	No	Yes	Describe
1. Are you thinking of hurting &/or killing yourself now?	☐	☐	
2. Are you thinking of hurting &/or killing anyone now?	☐	☐	
3. Are you bleeding?	☐	☐	
4. Do you have a serious injury?	☐	☐	
5. Do you currently have a communicable disease? e.g. Mumps, Chicken Pox, TB	☐	☐	
6. Do you have a serious Dental problem?	☐	☐	
7. Do you, an arresting and/or transporting officer Have information that indicates the youth is a Medical, mental health or suicide risk now?	☐	☐	

Intake Referral

_____ OK for admission

_____ Needs Immediate referral for potential Psychological problem

_____ Referred to Facility Administrator, for admission decision

Signed: _____ Date: _____ Time: _____