

MDHS/DYS Training School  
Oakley Campus  
Initial Screening Protocol – 33A

Name \_\_\_\_\_

Date \_\_\_\_\_

Sources of information: (check all that apply)

- Youth    Community Counselor    School records    Prior Commitment Record  
 Court Record    Prior MH Record    Other    Minimal Historical Information

**Section I: Mental Health History**

1. Why are you here?
2. How do you feel about being here?
3. Within the past year have you experienced any of the following:
  - a. Death of a friend, acquaintance or family member  Yes  No
  - b. Divorce or separation of parents?  Yes  No
  - c. Major loss or worsening of relations with your friends or family?  Yes  No
  - d. Serious illness of yourself, a family member or a close friend?
  - e. Any other upsetting, stressful or difficult event?
4. Has anyone close to you ever committed suicide?  Yes  No
5. Have you ever been in counseling for emotional, psychological, behavioral or family problems?    Currently?  Yes  No                      Previously?  Yes  No
6. Have you ever been in a hospital for emotional, psychological or family problems?  Yes  No
7. Have you ever been prescribed medication for emotional, psychological or family problems?    Currently  Yes  No                      Previously?  Yes  No
8. Have you used alcohol or taken other drugs within the past 48 hours?  Yes  No  
If yes to 13., What? And how much?
9. In the past few days, have you felt like hurting someone else?  Yes  No  
If yes, Who? Circumstances? What did you think about doing?

**Section II: Risk Factors**

10. In the past few days, have you felt that life is not worth living?  Yes  No
11. Do you feel that your life will never get better?
12. Have you ever done anything on purpose to hurt yourself?  Yes  No  
If yes, What? When? Circumstances?
13. In the past few days, have you felt like hurting yourself?  Yes  No

**Section III: Intake Staff Observances:**

1. Fresh wounds or injuries that appear to be self-inflicted?  Yes  No
2. Extreme emotional responses (e.g., crying, hostility, sadness, fear)?  Yes  No
3. Other unusual behavior (e.g., inappropriate laughter, bizarre, speech, Appears to be hearing voices)?  Yes  No
4. Demonstrates signs of a serious emotional disturbance?  Yes  No

Intake Staff Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Signature: \_\_\_\_\_

Reviewed by QMHP: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**Section IV: Disposition: (If yes to any item in Section II, initiate Safety Alert)**

- Routine Observation  Safety Alert

Rationale for Safety Alert:

(Attach copy of Safety Alert if initiated)