SCREENING-TRIAGE REFERRAL WITH INTEGRATED ASSESSMENT

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
FIELD SERVICES DIVISION
SFN 1190 (3-2022)

Clear Fields

SCREENING AND TRIAGE

Reason for Visit (HPI)

VIOLENCE

Intent
☐ None ☐ Not Immediate ☐ Immediate

Means
☐ None ☐ Available ☐ Obtained

Plan
☐ None ☐ Vague ☐ Viable ☐ Detailed

Lethality
☐ Low ☐ Moderate ☐ High

Addition Violence Considerations

☐ Male Under 35 ☐ History of Violence ☐ Previous Use of Weapons ☐ Lack of Personal Support
☐ Paranoid Thoughts ☐ Command Hallucinations ☐ Low Frustration Tolerance ☐ Active Mania
☐ Exposure to Destabilizers ☐ None
☐ Other (specify): _____

Narrative of Violence Risk

SUICIDE/SELF HARM

Intent
☐ None ☐ Not Immediate ☐ Immediate

Means
☐ None ☐ Available ☐ Obtained

Plan
☐ None ☐ Vague ☐ Viable ☐ Detailed

Lethality
☐ Low ☐ Moderate ☐ High

Have you ever started the process to prepare for ending your life?
☐ Yes ☐ No

Additional Suicide/Self-Harm Considerations

☐ Recurrent/Chronic Depression ☐ Age 15-24 OR 50+ ☐ Hopelessness ☐ Isolation
☐ Recent Upsetting News ☐ Terminal Illness ☐ Recent Trauma ☐ Chronic Pain
☐ Relational/Social/Economic Loss ☐ None

Narrative of Suicide/Self Harm

SUBSTANCE USE

Substance Use
☐ Current Symptoms of Withdrawal ☐ Currently Intoxicated ☐ History Of Seizures/Detox ☐ None Present

Blood Alcohol Content
☐ Taken ☐ Refused

How much can you drink before you feel high?
☐ More Than 3 ☐ Less Than 3

Have close friends or relatives complained about your use in the last year?
☐ Yes ☐ No

Do you sometimes use in the morning when you first get up?
☐ Yes ☐ No

Have others told you things you said or did while using that you don't remember?
☐ Yes ☐ No

Do you sometimes feel the need to cut down on your use?
☐ Yes ☐ No

Narrative of Substance Use/Detox Risk

Daily Tobacco Use
☐ None ☐ More than 5 Cigarettes/Cigars/Pipe but Less Than One Pack
☐ 1-2 Packs ☐ Less than 5 Cigarettes/Cigars/Pipe
☐ 2 or More Packs

Tobacco Replacement Offered
☐ Accepted ☐ Declined ☐ Not Offered

If Not Offered, why not?

Problems/Needs
☐ Inability to Function in Daily Routines ☐ More Intense Mental Health Symptoms ☐ Inability to Care for Self
☐ Non-Med Adherence ☐ Recent Change in Medications (Last 2 Weeks) ☐ Any No-Shows
☐ Lifetime Psychiatric ☐ Pattern of Excessive Substance Abuse ☐ Hospitalization
☐ Elopement Potential ☐ Current Irritability, Agitation or Aggression

Strengths
☐ Relationship ☐ Optimism/Hope ☐ Motivation/Change Readiness ☐ Spiritual/Religion
☐ Housing ☐ Managing Demands ☐ Vocational Interest ☐ Exercising Self-Direction
☐ Unable/Refused

Risk

Estimate Suicide Risk
☐ Low ☐ Moderate ☐ High

Estimate Violence Risk
☐ Low ☐ Moderate ☐ High

Estimate Withdrawal Risk
☐ Low ☐ Moderate ☐ High ☐ No Identified Potential

Date of Clinical Institute Withdrawal Assessment (CIWA) Assessment

SUMMARY

Diagnostic Impression

WHODAS

Date of WHODAS Assessment	WHODAS Score	WHODAS Level
		☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

Clinical Formulation

Medical Necessity

☐ Affirming client meets medical necessity for recommended level of care and is expected to reasonably improve with the following plan

☐ Medical necessity not identified at this time

Initial Plan of Care

☐ Case Management ☐ Targeted Case Management ☐ Medications ☐ Skills Training
☐ Skills Integration ☐ Therapy Services ☐ Psychological Testing ☐ Clinical Observations
☐ Contraindications To S/R ☐ Other (specify):

Level of Care Determination

☐ Outpatient ☐ IOP ☐ Partial Hospitalization ☐ Residential ☐ Hospital

If Residential, Specify Level of Care

☐ Transitional Living ☐ Low-Intensity Residential ☐ Withdrawal Management
☐ High-Intensity Residential ☐ Crisis Residential

If Hospitalization, Specify Legal Status

☐ Voluntary ☐ Voluntary by Guardian ☐ Involuntary

Is this a change in level of care?

☐ Yes ☐ No

Interventions Implemented To Address Risk

☐ No Interventions ☐ Follow Up Call ☐ Referred To HS Services/Treatment Team ☐ Safety Planning
☐ Referred To Community Treatment ☐ Safe Bed ☐ Attendant Care ☐ Crisis Unit
☐ Emergency Room ☐ NDSH Admission ☐ Medical Detox (Level 3.7 Wm, Level 4 Wm)
☐ Other Inpatient Admission ☐ Withdrawal Management (3.2 Wm)
☐ Other (specify):

Billing

☐ Existing Service ☐ Existing Appointment ☐ Independent Note ☐ New Service

If Existing Service/Appointment

Address at Existing Service/Appointment	City	State	ZIP Code

If New Service

Name of Practitioner	Date of Service

Service Duration	Location

Service Code	Level of Care

☐ FINAL

☐ DRAFT