

## INTAKE SCREEN ASSESSMENT

|               |           |
|---------------|-----------|
| Name:         | PARIS ID: |
| DOB:          | Age:      |
| Gender:       | PHN:      |
| Home Address: | Phone:    |

Assessment Start Date:

Assessment End Date:

Carried Out By:

### Referring Source And Presenting Problem

### Precipitating Events

#### Legal Status [MRR]

| Legal Status Type | Start Date | End Date | Recorded By | Data Recorded | Team Name |
|-------------------|------------|----------|-------------|---------------|-----------|
|-------------------|------------|----------|-------------|---------------|-----------|

#### Criminal Justice [MRR]

| Data Recorded | Recorded By | Team Name | Criminal Justice Involvement | Nature of Involvement |
|---------------|-------------|-----------|------------------------------|-----------------------|
|---------------|-------------|-----------|------------------------------|-----------------------|

### Additional Legal/Criminal Justice Details

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Name:

PARIS ID:

### Risk Assessment

Client has experienced violence/abuse towards them in the 12 months prior to referral or during service

☐ Yes, indicated by client ☐ No

☐ Yes, indicated by other trusted source ☐ Unknown/not asked

Client has made a suicide attempt or engaged in significant intentional self-harm in the last 24 hours

☐ Yes, indicated by client ☐ No

☐ Yes, indicated by other trusted source ☐ Unknown/not asked

### Pregnancy [MRR]

| Data Recorded | Recorded By | Team Name | Currently Pregnant? | Pregnancy in the Last Two Years? | Not Applicable |
|---------------|-------------|-----------|---------------------|----------------------------------|----------------|
|---------------|-------------|-----------|---------------------|----------------------------------|----------------|

### Parenting [MRR]

| Data Recorded | Recorded By | Team Name | Currently Parenting? |
|---------------|-------------|-----------|----------------------|
|---------------|-------------|-----------|----------------------|

### Current Resources

### External Agencies/Other Professionals

| Organization | Relationship | Contact | Telephone | Valid From | Valid To |
|--------------|--------------|---------|-----------|------------|----------|
|--------------|--------------|---------|-----------|------------|----------|

## INTAKE SCREEN ASSESSMENT

Name:

PARIS ID:

### Medical History

### Treatment & Medications - Current and Past

### Periods in Hospitals Clinics

| From | To | Hospital/ Clinic | Status | Reason | Notes |
|------|----|------------------|--------|--------|-------|
|------|----|------------------|--------|--------|-------|

### Substance Use

### Plan & Disposition

## INTAKE SCREEN ASSESSMENT

Name:

PARIS ID:

### Additional Information

### Other People Involved

### Copies To Be Sent To

**Note: Once downtime information from this form has been entered in PARIS, shred this working sheet.**

----- End of Report -----