

**MONTGOMERY COUNTY SHERIFF'S OFFICE
MENTAL HEALTH SCREENING
(Supplemental Screening)**

Date: / /	Detainee Name:	<input type="checkbox"/> 3-5 Day Screen
Time: ; AM PM	DOB: / / Gender:	<input type="checkbox"/> 5-10 Day Screen
Diagnosis (If Known):	Detainee Booking No. Arrest Date: / /	
	Charges:	
Court Case Number(s):		
Next Court Date: / / Admission Status: <input type="checkbox"/> Pretrial <input type="checkbox"/> Sentenced		

	Right Now	NO	YES	
1. Do you currently believe that someone can control your mind by putting thoughts into your head or taking thoughts out of your head?				
2. Do you currently feel that other people know your thoughts and can read your mind?				
3. Has there currently been a few weeks when you felt like you were useless or sinful?				
4. Have you ever received treatment for or had withdrawal symptoms from drug or alcohol use?				
5. Are you currently taking any medications prescribed for you by a physician for any emotional or mental health problems?				
6. Have you ever tried to kill yourself? If so by what method?				
7. Have you ever been hospitalized for emotional or mental health problems?				
8. Have you ever been diagnosed with a mental illness?				
9. Are you currently thinking about killing or harming yourself?				

Behaviors evident at the time of screening: <input type="checkbox"/> Agitated <input type="checkbox"/> Shaking or Tremors <input type="checkbox"/> Depressed <input type="checkbox"/> Paranoia <input type="checkbox"/> Confusion <input type="checkbox"/> Disorganized Speech <input type="checkbox"/> Hallucinations <input type="checkbox"/> Manic <input type="checkbox"/> Belligerent or Uncooperative
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Officer Comments: Screening Officer's Name (Print): _____ DSN: _____ Screening Officer's Signature: _____ Date: _____
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Supplement Screening Scoring

- “No” on all questions—no further action, submit screening to medical
- “Yes” on questions 1, 2, 3, 4 or 5: Low Risk, but submit referral for MH screen (routine)
- “Yes” on questions 6, 7 and 8: Medium Risk, submit referral for MH screening (urgent)
- “Yes” on question 9: High Risk, initiate suicide watch protocol, submit for referral for MH screening (Emergent)