

YOUTH ACCESS TRIAGE

CLIENT: _____

CHART: _____

CLINICIAN: _____

DATE: _____

ORGANIZATIONAL PROVIDER REFERRAL

AGENCY/PROVIDER NAME:

AGENCY PHONE: _____ FAX: _____

APPOINTMENT DATE: _____ TIME: _____ AM PM

AUTHORITY TO CONSENT FOR MENTAL HEALTH TREATMENT:

- BIOLOGICAL FAMILY
- GUARDIAN
- 300 DEPENDENT
- 600 WARD
- OTHER

DESCRIBE OTHER:

YOUTH ACCESS FAX: _____

CLINICIAN SIGNATURE AND DISCIPLINE

CLIENT: _____

_____ CLIENT #: _____ DOB: _____

YOUTH ACCESS TRIAGE

PRESENTING PROBLEM, SPECIFIC SYMPTOMS AND BEHAVIOR:

ALCOHOL AND OTHER DRUG HISTORY:

SUBSTANCE ABUSE RELATED PROBLEMS: YES NO

PREVIOUSLY IDENTIFIED CO-OCCURRING DISORDERS: YES NO

PRIMARY DRUG CHOICE: _____

SECONDARY DRUG CHOICE: _____

HAS RECEIVED SUBSTANCE ABUSE TREATMENT IN THE PAST:

YES NO EXPLAIN: _____

CLINICIAN SIGNATURE AND DISCIPLINE

CLIENT: _____

CLIENT #: _____ DOB: _____

HISTORY

HISTORY OF PSYCHIATRIC ILLNESS AND TREATMENT, INCLUDE PREVIOUS CRISIS CONTACTS, 5150 HOLDS AND HOSPITALIZATIONS:

RELEVANT FAMILY PSYCHIATRIC HISTORY:

FUNCTIONAL IMPAIRMENT:

SLEEP PATTERNS OK: YES NO

REPORTS AUDIO OR VISUAL HALLUCINATIONS: YES NO

CRIMINAL CHARGES/SCHOOL SUSPENSION/EXPULSION: YES NO

EDUCATION INFORMATION / ISSUES / NAME OF SCHOOL / IEP:

CLINICIAN SIGNATURE AND DISCIPLINE

CLIENT: _____

CLIENT #: _____

DOB: _____

HISTORY

LINKED WITH A PSYCHIATRIST FOR MEDICATIONS: YES NO

PSYCHIATRIST NAME: _____

LINKED WITH A PCP FOR MEDICATIONS: YES NO

PCP NAME: _____

CURRENT MEDICATIONS: _____

RISK FACTORS:

- CRIMINAL ACTIVITY
- CRUEL TO ANIMALS
- DESTROYED PROPERTY
- DETENTION/SUSPENSION/EXPULSION
- DRUG/ALCOHOL USE/ABUSE
- FIRE SETTING
- MARKED CHANGE IN BEHAVIOR
- NEGLECT BY CAREGIVER
- TRUANCY
- PHYSICAL AGRESSION
- RECENT PHYSCIAL ABUSE
- RECENT SEXUAL ABUSE
- RUNAWAY
- SELF-INJURIOUS BEHAVIOR
- SEXUAL AGRESSION
- SUICIDAL IDEATION/INTENT
- OTHER

DESCRIBE OTHER: _____

CLINICIAN SIGNATURE AND DISCIPLINE	CLIENT: _____
_____	CLIENT #: _____ DOB: _____

