

Health Services for Children with Special Needs, Inc.

**MENTAL HEALTH SCREENING TOOL
(CHILD 5 YEARS TO ADULT)**

YES	NO	UNKNOWN	RISK ASSESSMENT
			1. This child has a history of the behaviors or experiences listed on the front page, "Identified Risk" section that occurred more than 90 days ago. List:
			2. Does the child have problems with social adjustment? Regularly involved in physical fights with other children or adults; verbally threatened people; damages possessions of self or others; runs away; truant; steals; regularly lies; mute; confined due to serious law violations; does not seem to feel guilt after misbehavior, etc.
			3. Does this child have problems maintaining healthy relationships? Unable to form positive relationships with peers; provokes and victimizes other children; gang involvement; does not seem to feel guilt after misbehavior, etc.
			4. Does this child have problems with personal care? Eats or drinks substances that are not food; regularly enuretic during waking hours (subject to age of child); extremely poor personal hygiene.
			5. Does this child have significant functional impairment? No known history of developmental disorder, and behavior interferes with ability to learn at school; significantly delayed in language; "not socialized" and incapable of managing basic age appropriate skills; is selectively mute, etc.
			6. Does this child have significant problems managing his/her feelings? Severe temper tantrums; screams uncontrollably; cries inconsolably; significant and regular nightmares; withdrawn and uninvolved with others; whines or pouts excessively; preoccupied compulsively with minor annoyances; regularly expresses feeling worthless or inferior; frequently appears sad or depressed; constantly restless or overactive, etc.
			7. Does this child have a history of psychiatric hospitalization, psychiatric care and/or prescribed psychotropic medication? Child has a history of psychiatric care, either inpatient or outpatient, or is taking prescribed psychotropic medication.
			8. Is this child known to abuse alcohol, cigarettes, and/or drugs? Child regularly uses alcohol, drugs or tobacco.

If any of the above boxes are checked "yes," the child requires referral to Mental Health for an assessment to determine if services are required. Please forward a copy of this form to the member's HSCSN Care Manager for authorization to a Mental Health Provider.

Comments/Additional Information:

MH follow-up required

Maintain in Medical Record