

SCREENING/ASSESSMENT

Allumbaugh House
400 N Allumbaugh
Boise, Idaho 83704

Date: _____ Time: _____
Person completing: _____
Agency: _____
Phone #: _____

IDENTIFYING INFORMATION:

Name: _____ DOB: _____ Age: _____ Marital Status: _____
Address: _____ City: _____
Phone: _____ Emerg. Contact Name & #: _____
Present outpatient MD/PCP: _____
Mental health prescriber: _____
Community providers: _____
Insurance: [] Y [] N [] Unknown - If Yes: _____ Medicare [] Medicaid []
Insurance Name: _____ Policy #: _____
Region IV resident? [] Y [] N Veteran [] Probation/Parole: [] Y [] N
Previous Allumbaugh House Patient: [] Y [] N [] Unknown If Yes, When: _____

PRESENTING PROBLEM: (Including Current Symptoms)

Multiple horizontal lines for text entry.

SERVICE REQUESTED:

- [] Detoxification - Need for non-hospital level of medically monitored detoxification
[] Mental Health - Need for non-hospital level of care for stabilization of psychiatric s/sx

Allergies: _____
Physical health issues: [] Y [] N describe: _____

Does pt have an exclusionary physical condition: [] Y [] N (see guidelines) CPAP: [] Y [] N O2: [] Y [] N
Ambulatory: [] Y [] N Wheelchair, Walker, Cane or Crutches: [] Y [] N Independent ADL's: [] Y [] N
Current vital signs: T _____ P _____ R _____ B/P _____ Emergency treatment provided (including meds):

Labs completed: (send) _____

UDS: (send) _____ BAC: (send) _____ Xrays: (send) _____

Current medications (including dosage and times) _____

Last dose taken: _____ Prescribing physician: _____

Previous Tx for psychiatric or substance use: [] Y [] N [] Unknown If yes, where and when: _____

Medication adherent: [] Y [] N describe: _____

HIV or TB testing: [] Y [] N results: _____ Pregnant: [] Y [] N _____

Evidence of head/body lice or scabies: [] Y [] N _____

SUBSTANCE USE:

Last substance used: _____ Date: _____ Time: _____

Route: _____ Amt: _____

Describe use pattern for last month: _____

Drug of choice: _____ Route: _____ Freq: _____ Quantity: _____

Other substances used: _____

IV drug use: Y N _____ Use of Opioid Replacement Rx: Y N _____

Drug/Alcohol arrests: Y N #: _____ DUI's: Y N #: _____ Age of 1st use: _____

Hx of withdrawal Sx: None Shakes Sweats Anxiety Aches Twitching Nausea /Vomiting

Diarrhea Confusion Difficulty Walking Fatigue/Sleep Insomnia Other: _____

Hx of withdrawal seizures: Y N describe: _____

Hx of DT's: Y N describe: _____

Current withdrawal Sx: _____

Last period of sobriety: _____ How long? _____

Previous substance abuse Tx: Y N How many: _____ Last treatment episode: _____

PT IS EXPERIENCING S/S OF DETOX OR WITHDRAWAL IS IMMINENT Y N

INTERACTION OF PT BIOMEDICAL CONDITION AND CONTINUED SUBSTANCE USE PLACE THEM IN IMMINENT DANGER OF SERIOUS DAMAGE TO PX HEALTH Y N

OR

CURRENT BIOMEDICAL CONDITION REQUIRES 24 HR NURSING AND MEDICAL MONITORING BUT NOT THE FULL RESOURCES OF AN ACUTE CARE HOSPITAL Y N

MENTAL HEALTH:

Previously diagnosed with a psychiatric disorder: Y N describe: _____

Family hx of psych illness: _____

Depression: Y N Appetite _____ Weight loss/gain _____ lbs. Sleep hrs/night _____

Current thoughts of harming self: Y N describe: _____

Current thoughts of harming others: Y N describe: _____

Recent attempts to harm self/others: Y N describe: _____

Psychosis: Y N describe: _____

Recent losses and/or traumatic event: Y N describe: _____

Current living situation: _____

Significant others involved in care/Tx: _____

PT HAS SIGNIFICANT FUNCTIONAL DEFICITS THAT REQUIRE PSYCHIATRIC MONITORING Y N

THE PT AT MODERATE RISK OF BEHAVIORS ENDANGERING SELF, OTHERS OR PROPERTY Y N

THEIR PSYCHIATRIC CONDITION IS UNSTABLE AND INTERFERES WITH ABSTINENCE AND RECOVERY Y N

DISPOSITION:

Accepted: Y Scheduled admission date/time: _____

Denied: Y Reason for denial: _____

Placed on waitlist due to capacity at Allumbaugh House: Y N

(Waitlist follow-up to be provided by AH – see inquiry form)

Reviewing AH staff: _____

PLEASE FAX THIS FORM TO: 208-377-1028 Include all Labs, x-Rays, UDS, and other pertinent clinical information PRIOR TO CASE REVIEW WITH ALLUMBAUGH HOUSE STAFF. THANK YOU.