

seroquit

hallucinations  
See/ hear  
H she doesn't  
take meds  
- paracetamol  
- set her up

postpartum  
psychosis  
buys cocaine  
ppp talking  
- your going to  
fall get hit  
in trouble

Mental Health Assessment Tools

DRUG USE QUESTIONNAIRE (DAST-20)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

The following questions concern information about your possible involvement with drugs not including alcoholic beverages during the past 12 months. Carefully read each statement and decide if your answer is "Yes" or "No". Then, circle the appropriate response beside the question. Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.

In the statements "drug abuse" refers to:  
the use of prescribed or over the counter drugs in excess of the directions and any non-medical use of drugs.

The various classes of drugs may include: cannabis (e.g. marijuana, hash), solvents, tranquilizers (e.g. Valium), barbiturates, cocaine, stimulants (e.g. speed), hallucinogens (e.g. LSD) or narcotics (e.g. heroin). Remember that the questions do not include alcoholic beverages.

5th  
breath

No	Questions	Response	
		Yes	No
	1. Have you used drugs other than those required for medical reasons?	Yes	No
	2. Have you abused prescription drugs?	Yes	No
NO	3. Do you abuse more than one drug at a time?	Yes	No
	4. Can you get through the week without using drugs?	Yes	No
	5. Are you always able to stop using drugs when you want to?	Yes	No
NO	6. Have you had "blackouts" or "flashbacks" as a result of drug use?	Yes	No
	7. Do you ever feel bad or guilty about your drug use?	Yes	No
	8. Does your spouse (or parents) ever complain about your involvement with drugs?	Yes	No
	9. Has drug abuse created problems between you and your spouse or your parents?	Yes	No
	10. Have you lost friends because of your use of drugs?	Yes	No
	11. Have you neglected your family because of your use of drugs?	Yes	No
	12. Have you been in trouble at work because of drug abuse?	Yes	No
	13. Have you lost a job because of drug abuse?	Yes	No
NO	14. Have you gotten into fights when under the influence of drugs?	Yes	No
NO	15. Have you engaged in illegal activities in order to obtain drugs?	Yes	No
	16. Have you been arrested for possession of illegal drugs?	Yes	No
	17. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	Yes	No
	18. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding, etc.)?	Yes	No
	19. Have you gone to anyone for help for a drug problem?	Yes	No
	20. Have you been involved in a treatment program specifically related to drug use?	Yes	No

SCORE: ~~14~~ 8

DAST Scoring: Each "Yes" response = 1 point, except questions 4 & 5. For questions 4 & 5 only, a "No" response = 1 point.

A score of 6 points or more = substance abuse problem (abuse/dependence).

4 yrs ago  
it started giving  
birth haven't slept for  
3 days  
giving up - seroquit  
for adoption - seroquit  
all day use  
to make it go  
away

under drinks



# Suicide Risk Screening Tool

## Ask Suicide-Screening Questions

### Ask the patient:

- 1. In the past few weeks, have you wished you were dead?  Yes  No
- 2. In the past few weeks, have you felt that you or your family would be better off if you were dead?  Yes  No
- 3. In the past week, have you been having thoughts about killing yourself?  Yes  No
- 4. Have you ever tried to kill yourself?  Yes  No

If yes, how? NO

\_\_\_\_\_

When? \_\_\_\_\_

If the patient answers **Yes** to any of the above, ask the following acuity question:

- 5. Are you having thoughts of killing yourself right now?  Yes  No

If yes, please describe: \_\_\_\_\_

### Next steps:

- If patient answers "No" to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary (\*Note: Clinical judgment can always override a negative screen).
- If patient answers "Yes" to any of questions 1 through 4, or refuses to answer, they are considered a **suicide risk screen**. Ask question #5 to assess acuity:
  - "Yes" to question #5 = **acute positive screen** (imminent risk identified)
    - Patient requires a **STAT safety/full mental health evaluation**.  
*patient cannot leave until evaluated for safety.*
    - Keep patient in sight. Remove all dangerous objects from room. Alert physician or clinician responsible for patient's care.
  - "No" to question #5 = **non-acute positive screen** (potential risk identified)
    - Patient requires a **brief suicide safety assessment to determine if a full mental health evaluation is needed**. *patient cannot leave until evaluated for safety.*
    - Alert physician or clinician responsible for patient's care.

### Provide resources to all patients

- 24/7 National Suicide Prevention Lifeline 1-800-273-TALK (8255) En Español: 1-888-628-9454
- 24/7 Crisis Text Line: Text "HOME" to 741-741



VJ

## Mental Status Exam

Client Name PG		Date 11-17-23	
<b>OBSERVATIONS</b>			
Appearance	<input type="checkbox"/> Neat	<input checked="" type="checkbox"/> Disheveled	<input type="checkbox"/> Inappropriate <input type="checkbox"/> Bizarre <input type="checkbox"/> Other
Speech	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Tangential	<input type="checkbox"/> Pressured <input type="checkbox"/> Impoverished <input type="checkbox"/> Other
Eye Contact	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Intense	<input type="checkbox"/> Avoidant <input type="checkbox"/> Other
Motor Activity	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Restless	<input type="checkbox"/> Tics <input type="checkbox"/> Slowed <input type="checkbox"/> Other
Affect	<input checked="" type="checkbox"/> Full	<input type="checkbox"/> Constricted	<input type="checkbox"/> Flat <input type="checkbox"/> Labile <input type="checkbox"/> Other
Comments:			
<b>MOOD</b>			
<input type="checkbox"/> Euthymic <input type="checkbox"/> Anxious <input type="checkbox"/> Angry <input checked="" type="checkbox"/> Depressed <input type="checkbox"/> Euphoric <input type="checkbox"/> Irritable <input type="checkbox"/> Other			
Comments:			
<b>COGNITION</b> "Adult"			
Orientation Impairment	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Place	<input type="checkbox"/> Object <input type="checkbox"/> Person <input type="checkbox"/> Time
Memory Impairment	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Short-Term	<input type="checkbox"/> Long-Term <input type="checkbox"/> Other
Attention	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Distracted	<input type="checkbox"/> Other
Comments:			
<b>PERCEPTION</b>			
Hallucinations	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Auditory	<input checked="" type="checkbox"/> Visual <input type="checkbox"/> Other
Other	<input type="checkbox"/> None	<input type="checkbox"/> Derealization	<input type="checkbox"/> Depersonalization
Comments:			
<b>THOUGHTS</b>			
Suicidality	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Ideation	<input type="checkbox"/> Plan <input type="checkbox"/> Intent <input type="checkbox"/> Self-Harm
Homicidality	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Intent <input type="checkbox"/> Plan
Delusions	<input type="checkbox"/> None	<input type="checkbox"/> Grandiose	<input checked="" type="checkbox"/> Paranoid <input type="checkbox"/> Religious <input type="checkbox"/> Other
Comments:			
<b>BEHAVIOR</b>			
<input checked="" type="checkbox"/> Cooperative	<input checked="" type="checkbox"/> Guarded	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Agitated <input checked="" type="checkbox"/> Paranoid
<input type="checkbox"/> Stereotyped	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Bizarre	<input type="checkbox"/> Withdrawn <input type="checkbox"/> Other
Comments:			
<b>INSIGHT</b>	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Poor
Comments:			
<b>JUDGMENT</b>	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Poor
Comments:			