MENTAL HEALTH SCREENING TOOL (CHILD 0 to 5 YEARS)

Referent:		**Date:**
Telephone:	**Agency:** Social Services ☐ Probation ☐ Other:	
Child's Name:		**Date of Birth:**
Child's Ethnicity:		**Primary Language:**
Child's Current Telephone:		**SSN#:**
Child's Current Residence:	Shelter ☐ Group Home ☐ Relative ☐ Juvenile Hall ☐ Foster Care ☐ Other:	
Caregiver/Contact Person (if known):		
Child's Current Address:		

Is the youth a current client of the BEWELL clinic? ☐ yes ☐ no ☐ unknown. ***If yes, name of clinician and no further information is needed. Please attach to Katie A. Referral Form and e-mail to CWS Katie A. AOP.***

*Please check applicable boxes on both sides of this form. Following each question are examples of behaviors or problems that may require referral.. **Please check any that apply**. This list is not exhaustive. If you have a question about whether or not to include additional concerns, please indicate the issues under the COMMENTS section of the form.*

None Reported	Yes	Yes/Urgent	IDENTIFIED RISK
☐	☐	☐	**1. Has this child been a danger to him/herself or to others in the last 90 days?** *It is reported, observed or disclosed that the child has a desire to ham self or others(suicidal thoughts or actions, threatening to harm or actively hurting other people): Please specify below:* *Attempted suicide☐ Made suicidal gesture☐ Expressed suicidal ideation☐ Assaultive to other children or adults☐ Reckless and puts self in dangerous situations☐ Attempts to or has sexually assaulted or molested other children☐.*
☐	☐	☐	**2. Does this child exhibit unusual or uncontrollable behavior?** ***0 – 18 mos:*** *Frequent, inconsolable crying☐ difficult for caregiver to console☐ pattern of difficulty getting to sleep or sleeping through the night (after 1 year old)☐* ***18 – 36 mos:*** *Frequent, inconsolable crying☐ difficult for caregiver to console☐ pattern of difficulty getting to sleep or sleeping through the night (after 1 year old)☐ destructive, disruptive dangerous or violent behavior☐ pattern of self-injurious behavior☐ inconsolable tantrums☐ persistent and intentional aggression despite reasonable adult intervention☐ excessive or repetitive self-stimulating behavior(i.e. rocking, masturbation)☐ absence of fear or awareness of danger or pain☐ prolonged crying when caregiver leaves the room or the home☐ rigidly focused on unusual objects, routines or rituals☐ willing to walk away with a stranger, has no selective preference for caregiver☐* ***3 – 5 yrs:*** *Frequent, inconsolable crying☐ difficult for caregiver to console☐ pattern of difficulty getting to sleep or sleeping through the night (after 1 year old)☐ destructive, disruptive dangerous or violent behavior☐ pattern of self-injurious behavior☐ inconsolable tantrums☐ persistent and intentional aggression despite reasonable adult intervention☐ excessive or repetitive self-stimulating behavior(i.e. rocking, masturbation)☐absence of fear or awareness of danger or pain☐ prolonged crying when caregiver leaves the room or the home☐ rigidly focused on unusual objects, routines or rituals☐ willing to walk away with a stranger, has no selective preference for caregiver☐ frequent night terrors☐ extreme hyperactivity☐ excessively accident prone☐ reckless and puts self/others in danger☐ attempted to or has sexually assaulted other children☐ cruelty to animals☐ severe levels of problem behavior in toileting (encopresis,smearing)☐ severe levels of aggression (biting, kicking, destroying property)☐*

None Reported	Yes	Yes/Urgent	IDENTIFIED RISK
☐	☐	☐	**3. Does this child seem to be disconnected, depressed, excessively passive or withdrawn?** ***0 – 18 mos:*** *Does not vocalize (e.g."coo"), cry or smile☐ does not respond to caregiver (e.g. turns away from his/her face; makes or maintains no eye contact; interaction with others does not appear to be pleasing)☐ predominantly sad, anxious or fearful mood☐ does not respond to environment (e.g. motion; sound; light, activity, etc)☐ persistent and excessive feeding problems☐* ***18 – 36 mos:*** *Does not vocalize (e.g."coo"), cry or smile☐ does not respond to caregiver (e.g. turns away from his/her face; makes or maintains no eye contact; interaction with others does not appear to be pleasing)☐ predominantly sad, anxious or fearful mood☐ does not respond to environment (e.g. motion; sound; light, activity, etc)☐ persistent and excessive feeding problems☐ fails to initiate interaction or share attention with others with whom s/he is familiar☐ unaware or uninvolved with surroundings☐ does not explore environment or play☐ does not seek caretaker/adult to meet needs (e.g. solace, play, object attainment)☐ few or no words☐ fails to respond to verbal cues☐* ***3 – 5 yrs:*** *Does not vocalize (e.g."coo"), cry or smile☐ does not respond to caregiver (e.g. turns away from his/her face; makes or maintains no eye contact; interaction with others does not appear to be pleasing)☐ predominantly sad, anxious or fearful mood☐ does not respond to environment (e.g. motion; sound; light, activity, etc)☐ persistent and excessive feeding problems☐ fails to initiate interaction or share attention with others with whom s/he is familiar☐ unaware or uninvolved with surroundings☐ does not explore environment or play☐ does not seek caretaker/adult to meet needs (e.g. solace, play, object attainment)☐ few or no words☐ fails to respond to verbal cues☐ does not use sentences of 3 or more words☐ speech is unintelligible☐ does not play or interact with peers☐ persistent, extremely poor coordination of movement (e.g. extremely clumsy)☐ unusual eating patterns (e.g. refuses to eat, overeats, repetitive ingestion of non-food items)☐ clear and significant loss of previously attained skills (e.g. no longer talks or is no longer toilet trained)☐*
☐	☐	☐	**4. Has the child experienced, witnessed or been exposed to physical abuse☐ sexual abuse ☐ trauma☐ severe/chronic neglect☐**
☐	☐	☐	**5. Has the child been exploited☐ experienced significant loss☐**

If the child has experienced any of the above within the past 24 hours, s/he requires immediate referral to Mental Health services.

☐ **The child exhibits no mental health indicators listed on this form, but needs services related to parent/child relationship issues.**

COMMENTS/ADDITIONAL INFORMATION:

Mental Health Follow Up Response

Name:	Date:

☐ MH Assessment complete; no follow up MH service required.
☐ MH Assessment complete; MH follow up required.
☐ Other: