

**SPRINGFIELD SPECIALTY COURT: MENTAL HEALTH SESSION  
SCREENING FORM**

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Social Security # \_\_\_\_\_  
Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
Current Charges(s): \_\_\_\_\_  
Docket #(s) \_\_\_\_\_  
Attorney: \_\_\_\_\_ Attorney's # \_\_\_\_\_  
Date of Screening: \_\_\_\_\_ Next Court date: \_\_\_\_\_

**Current Mental Status: Check if applies**

Orientation x's 3 \_\_\_ Yes                      Disoriented to: \_\_\_ Time \_\_\_ Place \_\_\_ Person

**Attention/Affect/Mood**

Attention: \_\_\_ Normal \_\_\_ Alert \_\_\_ Short \_\_\_ Hyper \_\_\_ Distractible  
Affect: \_\_\_ Appropriate \_\_\_ Inappropriate \_\_\_ Shallow \_\_\_ Flat \_\_\_ Intense  
Mood: \_\_\_ Normal \_\_\_ Elated \_\_\_ Euphoric \_\_\_ Agitated \_\_\_ Fearful \_\_\_ Hostile \_\_\_ Sad

**Perception & Thought**

Hallucinations: \_\_\_ Auditory \_\_\_ Visual \_\_\_ Olfactory  
Delusions: \_\_\_ Paranoid \_\_\_ Grandiose \_\_\_ Broadcasting \_\_\_ Persecutory  
Judgment: \_\_\_ Intact \_\_\_ Impaired  
Suicide/ Homicide: \_\_\_ Ideation \_\_\_ Plans/ Describe:

**Mental Health Diagnosis/ Treatment History: Past and Present Providers:**

Inpatient psychiatric:

Outpatient: Psychiatry/Therapy:

Medication Services:

DMH eligible:

Other MH services or court mandated services

**Substance Abuse Diagnosis/Treatment History/ Past and Present Providers:**

Detox admissions:

IOP:

CSS, TSS or Long-term Substance abuse:

**SPRINGFIELD SPECIALTY COURT: MENTAL HEALTH SESSION  
SCREENING FORM**

What is drug of choice? \_\_\_\_\_.

How long have you been using? \_\_\_\_\_.

List any substances used/abused \_\_\_\_\_.

Have you had any attempts in sobriety? Yes/No, how many times \_\_\_\_\_?

Longest period of sobriety \_\_\_\_\_?

What worked to keep you sober?

What led to relapse?

History of Probation: \_\_\_ Yes \_\_\_ No    History of Violation of Probation \_\_\_ Yes \_\_\_ No

Reason for Violation(s):

If currently on probation what are your conditions/ terms?

What help do you think you may need if any to keep you from violating the terms of your probation?

Were you engaged in mental health services and following treatment recommendations and taking medications when violation occurred? \_\_\_ Yes \_\_\_ No

Were you under the influence of drugs or alcohol when the violation occurred? \_\_\_ Yes \_\_\_ No

Willing to Participate in Program: \_\_\_ Yes \_\_\_ No

At this moment, how important is it for you to seek treatment for you mental health condition and substance abuse treatment? (Not important at all = 0, About as important as most of the other things I would like to achieve now = 50, Most important thing in my life now = 100)

At this moment, how confident are you that you will follow through with mental health and substance abuse treatment recommendations and take medications as prescribed by a treating psychiatrist? (I do not think I will achieve my goal = 0, I have a 50 percent chance of meeting my goal = 50, I think I will definitely achieve my goal = 100)

Make sure releases are signed to verify MH diagnosis