

**SKAGIT COUNTY CRISIS CENTER**  
**Law Enforcement/First Responder Telephone Screening Form**  
**Phone: 360 757-7738 Fax: 360 757-7749**

Client Name: \_\_\_\_\_, Client Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Referring Officer/Agency/Phone: \_\_\_\_\_

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3. Evidence of or concerns about (please share questions or concerns with Crisis Center staff):

☐ Yes ☐ No ANY KNOWN MEDICAL PROBLEMS (i.e. history of seizures)

6. History of assault in last 3 months? ☐ Yes ☐ No Notes:

- ☐ **Yes** Not being charged with a sex crime

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Reason for Denial: \_\_\_\_\_

Notes: \_\_\_\_\_

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