## SKAGIT COUNTY CRISIS CENTER

## Law Enforcement/First Responder Telephone Screening Form

Phone: 360 757-7738 Fax: 360 757-7749

## PLEASE COMPLETE & CALL CRISIS CENTER STAFF PRIOR TO CLIENT DROP-OFF

Date and Time at Intake: / / am/pm Staff:
Client Name:, Client Date of Birth:/
Client City/Town of Residence: Month Day Year
Referring Officer/Agency/Phone:
Primary Presenting Issue: [ ] Detox: behavior caused by drug or alcohol intoxication [ ] Mental Health: Acute mental health crisis **********************************
1. [ ] A pat down was completed and all personal articles have been bagged and separated from the individual
PBT results are .40 BAC or less with no apparent loss of consciousness PBT results:      Unable to provide breathalyzer
3. Evidence of or concerns about (please share questions or concerns with Crisis Center staff):  [ ] Yes [ ] No INJURY OR APPARENT ILLNESS (specifics)  [ ] Yes [ ] No MEDICAL COMPLAINT  [ ] Yes [ ] No LOSS OF CONSCIOUSNESS  [ ] Yes [ ] No ANY KNOWN MEDICAL PROBLEMS (i.e. history of seizures)
4. Individual has psychiatric medications on person? [ ] Yes [ ] No  5. Registered sex offender? [ ] Yes [ ] No  6. History of assault in last 3 months? [ ] Yes [ ] No Notes:
7. The individual is:  [ ] Yes Cooperative and willing to admit voluntarily [ ] Yes Not being charged with a crime against persons, felony property crime, or arson [ ] Yes Not being charged with a sex crime
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Notes: