

## West Yavapai Guidance Clinic Specialized Screening Tools

**Date:** \_\_\_\_\_

**Client Name** (please print): \_\_\_\_\_

*Please answer the following questions on this sheet by circling the best response and adding explanations, when requested. If you are helping the enrolling person with the paperwork, answer as if you are that person. If you need assistance, ask your intake therapist once you've been called in to see him/her.*

### **PAIN MANAGEMENT SCREEN**

Are you currently experiencing pain?                      No    Yes, describe:

How long have you had the pain?

Are you currently taking medications for pain?        No    Yes, list pain meds:

Are you receiving any other treatment for pain?      No    Yes, describe:

### **RECREATIONAL/ACTIVITIES SCREEN**

How do you spend your free time?

When you are active, would you rather be alone or with others?

Are you a member of any club or organization?        No    Yes, name:

Would you like to be involved with a club or organization?    No    Yes, why?

Do you exercise regularly or participate in sports?      No    Yes, what exercise/sport(s)?

### **NUTRITIONAL SCREEN**

Are you on any special diets or have any food allergies?    No    Yes, what kinds?

In the last three months, have you had any unplanned decrease or increase of weight of 10 pounds or more?  
No    Yes, describe:

In the last three months, have you had any change in your appetite or how much food you eat?  
No    Yes, describe:

Have you ever had any symptoms of a nutritional problem?    No    Yes, describe:

Do you believe nutrition needs to be a focus of treatment?    No    Yes

### **EATING/WEIGHT SCREEN**

1. Do you make yourself sick (induce vomiting) because you feel uncomfortably full?    No    Yes
2. Do you worry that you have lost control over how much you eat?                      No    Yes

**CLIENT NAME:** \_\_\_\_\_ **CLIENT ID#:** \_\_\_\_\_

3. Have you recently lost more than 14 pounds in a three-month period? No Yes
4. Do you think you are too fat, even though others say you are too thin? No Yes
5. Would you say food dominates your life? No Yes
6. In the last three months, did you have any episodes of excessive overeating (eating significantly more than what most people would eat in a similar period of time)? No, skip question #7 Yes
7. If you had an episode of excessive overeating in the last three months, do you feel distressed about it?  
No Yes
8. Do you have any history of an eating disorder or been treated for an eating disorder?  
No Yes, describe:

**ORAL/DENTAL SCREEN**

Do you have any problems with your teeth, gums, or inside of your mouth? No Yes, describe:

Are you currently receiving treatment for your dental/oral needs? No Yes, what and with whom?

**SPIRITUAL/RELIGIOUS ORIENTATION**

How would you label your religious beliefs?

Christian Protestant Catholic Jewish Muslim Atheist Agnostic  
Other, describe:

Do you actively practice your beliefs? Active Inactive Unsure

Are there others around you who hold your same spiritual values/beliefs? If so, who?

Does death, dying or grief impact your beliefs? No Yes, how?

Do you feel your belief system needs to be a part of your treatment here? No Yes, describe:

**CLIENT/PATIENT EDUCATION SCREEN**

Do you have any barriers to learning that need to be addressed? No Yes, describe:

Do you have a readiness, motivation and desire to learn? No Yes

CLIENT NAME: \_\_\_\_\_ CLIENT ID#: \_\_\_\_\_

-----**Staff Use Only**-----

**PAIN MANAGEMENT SCREEN**

Does staff note any discord between client verbal responses and physical state? No Yes (describe)

If the client is experiencing pain or appears to be experiencing pain and is not receiving current treatment, an additional assessment is necessary.

Additional Assessment Indicated? No / SKIP TO NEXT SECTION Yes / Complete all of the following:

Is it: On file from other source? Yes No Completed? Yes No  
Scheduled? Yes No Referred to:

**RECREATIONAL/ACTIVITIES SCREEN** (Mandatory for DD/MR, SMI and children/adolescents)

If the client is DD/MR, SMI or a child/adolescent, an additional assessment is required. For all other populations, if interest is expressed, or if the client may benefit from recreational activity enhancement, an additional assessment is suggested.

Additional Assessment Indicated? No / SKIP TO NEXT SECTION Yes / Complete all of the following:

Is it: On file from other source? Yes No Completed? Yes No  
Scheduled? Yes No Referred to:

**NUTRITIONAL SCREEN**

*A yes answer on any of the questions indicates the need for an additional assessment. Yes to one or two of the questions results in Moderate need, three or more indicates a High-risk need.*

Additional Assessment Indicated? No / SKIP TO NEXT SECTION Yes / Complete all of the following:

Is it: On file from other source? Yes No Completed? Yes No  
Scheduled? Yes No Referred to:

**EATING/WEIGHT (EATING DISORDER) SCREEN**

*Questions 1-5: Yes on any two questions indicates need for additional assessment for Anorexia Nervosa or Bulimia.*

*Questions 6-7: Yes on both questions indicates need for additional assessment for Binge Eating Disorder.*

*Question 8: Yes on this question indicates need for additional assessment for an eating disorder.*

Additional Assessment Indicated? No / SKIP TO NEXT SECTION Yes / Complete all of the following:

Is it: On file from other source? Yes No Completed? Yes No  
Scheduled? Yes No Referred to:

**ORAL/DENTAL SCREEN**

*A yes answer to the first question indicates the need for an additional assessment UNLESS treatment for the needs is already being received.*

Additional Assessment Indicated? No / SKIP TO NEXT SECTION Yes / Complete all of the following:

Is it: On file from other source? Yes No Completed? Yes No  
Scheduled? Yes No Referred to:

**SPIRITUAL/RELIGIOUS ORIENTATION SCREEN**

*A yes answer question 1 or 2 indicates the need for identification of issues as important to service planning.*

Specific Issues Identified (Describe):

Referred to:

**CLIENT/PATIENT EDUCATION SCREEN**

If question 1 is answered with a YES \*or\* if question 2 is answered with a NO, identify needs and specify protocol(s) (if any) to be used:

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