



If yes, give details: \_\_\_\_\_

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**Has juvenile ever:**

- a. Stayed overnight in a hospital?  Yes  No \_\_\_\_\_
- b. Had an operation?  Yes  No \_\_\_\_\_
- c. Had asthma, seizures, Sickle-Cell, Diabetes?  Yes  No \_\_\_\_\_
- d. Had high blood pressure?  Yes  No \_\_\_\_\_
- e. Had a heart murmur or heart problems?  Yes  No \_\_\_\_\_
- f. Had a sexually transmitted disease (STD)?  Yes  No \_\_\_\_\_
- g. Been treated for a drug problem?  Yes  No \_\_\_\_\_
- h. Had a mental or behavioral problem?  Yes  No \_\_\_\_\_
- i. Been stabbed or shot?  Yes  No \_\_\_\_\_
- j. Thought about committing suicide?  Yes  No \_\_\_\_\_
- k. Tried to commit suicide?  Yes  No \_\_\_\_\_
- l. Taken medication for an extended period of time?  Yes  No \_\_\_\_\_

**Does the juvenile have:**

- a. Medical complaints today?  Yes  No \_\_\_\_\_
- b. Allergies (i.e. grass, food, medicine)?  Yes  No \_\_\_\_\_
- c. Drug allergies?  Yes  No \_\_\_\_\_
- d. Chest pains?  Yes  No \_\_\_\_\_
- e. Headaches or sinus problems?  Yes  No \_\_\_\_\_
- f. Abdominal or stomach pains?  Yes  No \_\_\_\_\_
- g. A penile discharge or burning urination?  Yes  No \_\_\_\_\_
- h. Back or joint problems?  Yes  No \_\_\_\_\_
- i. Complete immunizations (last Tetanus)?  Yes  No \_\_\_\_\_
- j. Dental problems?  Yes  No \_\_\_\_\_
- k. Contagious condition?  Yes  No \_\_\_\_\_

**Does the juvenile:**

- a. Take any medications right now?  Yes  No \_\_\_\_\_
- b. Smoke cigarettes?  Yes  No \_\_\_\_\_
- c. Drink alcohol?  Yes  No \_\_\_\_\_
- d. Regularly smoke marijuana?  Yes  No \_\_\_\_\_
- e. Regularly use drugs?  Yes  No \_\_\_\_\_

f. If drug use, describe types used, methods of use, amounts used, frequency of use, date or time of last use, and problems occurring after ceasing use: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Family History (Mother, Father, Sister, Brother)**

- a. Drug or alcohol problems?  Yes  No \_\_\_\_\_
- b. Diabetes, Sickle-Cell, cancer, seizures?  Yes  No \_\_\_\_\_
- c. Heart disease / High blood pressure?  Yes  No \_\_\_\_\_
- d. Sudden unexpected death?  Yes  No \_\_\_\_\_
- e. Been shot to death?  Yes  No \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_

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## Mental Health Screening

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(Any question answered with a YES should be explored for what, when, where, why, and how)

- Yes  No Have you recently or in the past received treatment or been hospitalized for any mental disturbances?
- Yes  No Do you have a problem sleeping at night?
- Yes  No Have you ever tried to hurt yourself or tried to commit suicide?
- Yes  No Have you ever tattooed or cut yourself?
- Yes  No Were you drinking or on drugs when you got in trouble?
- Yes  No Did your offense involve an assault or threatening behavior or the use of a weapon?
- Yes  No Were you ever abused physically or sexually?
- Yes  No Have you ever heard voices?
- Yes  No Have you ever participated in activities that would make you at risk for the AIDS virus?
- Yes  No Have you or your parents seen a psychologist or counselor for any problems?

**Observations:**

Normal  Abnormal Behavior (state of consciousness, mental status, appearance, conduct, tremor, sweating.)

Yes  No Body Deformities, conditions of skin (needle marks, trauma markings, bruises, lesions, jaundice, rashes, and infestations)

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Disposition**

- \_\_\_\_\_ 1. Housed with general population and instructed to make sick call for medical and/or dental care.
- \_\_\_\_\_ 2. Housed with general population and prompt referral appointment with health provider.
- \_\_\_\_\_ 3. Referred to appropriate health provider on an emergency basis.
- \_\_\_\_\_ 4. Housed with general population, NO special medical problems apparent nor reported.
- \_\_\_\_\_ 5. Staff notified of special problems.

It is the policy of SAYLA (Southeast Alabama Youth Leadership Academy) Therapeutic Resources to provide unimpeded access to healthcare for each of its residents. Each resident will be advised on how to obtain healthcare, upon arrival and admittance to the program. Personnel and/or staff conducting admission will advise residents of the healthcare process. During Orientation, the Student Advisor will cover the proper procedure and process to obtaining health care as indicated by the client or student's signature. A copy of the signed document will be placed in each student's file. This document is found in the Student Handbook.

I have received instruction as to the procedure for obtaining health care (medical, dental, and mental health). It has been explained to me and I understand how to obtain health care.

Yes  No Student Signature \_\_\_\_\_  
If no why? \_\_\_\_\_

I solemnly swear that the above information is correct and I can be held accountable for any incorrect or any uninformed additional information to the above statements.

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Witness Signature/Guardian/Parent Date

\_\_\_\_\_  
Screening Staff Title Date