**RBHA Crisis Stabilization Unit**

**TDO Screening Form**

1. Is the individual known and open to the CSB/BHA with an assigned case manager?

YES CM: NO – Who from the CSB will help manage the case:

1. Has the individual been violent towards self, others or property within the last 72 hours?

NO YES – Seek Clarification

1. Is the individual currently psychotic to the point that forced medications would be needed to stabilize symptoms?

NO YES – Seek Clarification

1. Can the individual independently perform all activities of daily living?

YES NO – Seek Clarification

1. Would the individual’s current symptoms and level of risk require 1 to 1 monitoring for safety?

NO YES – Seek Clarification

1. Is the individual considered an elopement risk?

NO YES – Seek Clarification

1. Does the individual agree to take medications for medical and psychiatric reasons?

YES NO – Do not accept

1. Does the individual have a medical condition that requires adaptive equipment that would put the client, staff or program at risk? (i.e. oxygen, cane, crutches, c-pap machine, insulin pump, etc)

NO YES – Do not accept

1. Is the individual cooperative with instructions and redirection?

YES NO – Seek Clarification

1. Does the client have an untreated medical condition? (diabetes, hypertension, asthma, HIV, etc)

NO YES – Request a medical clearance, but do not accept until you have the results of the clearance (See Medical Clearance Protocol)

1. Is the individual under the influence of alcohol or other substances?

NO YES - Request a medical clearance, but do not accept until you have the results of the clearance and you can resume with this screening

* 1. Is BAC below 200

YES NO – Do not accept

1. Does the individual have a stable discharge plan?

YES NO – Seek Clarification