## BEHAVIORAL HEALTH PRE-SCREENING

S/M Name	Rank	Unit/Commande	er	
Telephone Number		Date		
DOBA	ge			
	<u>Prescreening</u>	<u>Questions</u>		
Rating Scale: (0) Not At All ( ** Please briefly comment		More Than Half the Da	ays (3) Near	ly Every Day
In the last 60 days:				
1. Do you have any difficultie	s with sadness or a	depressed mood?	0 1 2 3	
2. Do you struggle with any a	nxiety or worry?		0 1 2 3	3
3. Are you having considerab	le stress that is hard	d to manage?	0 1 2 3	3
4. Are you struggling to cope	<b>now</b> from past trau	ımatic experiences?	0 1 2 3	3
5. Have you recently gone th	rough difficult life c	hanges?	0 1 2 3	3
6. Are you having relationshi	p difficulties in your	life (marital, affairs)?	0 1 2 3	3
7. Have you ever seen a coun	selor, social worker	or psychiatrist?	Yes	No
8. Are you taking any medica Please list:		health reasons?	Yes	No
9. In the last 30 days, have yo	u had any thoughts	•	Yes	No
be better off dead or of hurti 9a. If yes, are you pre	• .	•	Yes	No

#### INSTRUCTIONS FOR COMMAND

### Scoring:

Add the numerical values of the answers together for question 1-6. A behavioral health referral is recommended for soldiers whose answers to these questions total 9-18. A behavioral health referral is not recommended for soldiers whose answers total 0-8.

If the soldier indicates that they are presently taking behavioral health medication, please refer the soldier to behavioral health.

To make a behavioral health referral, please have the soldier sign the attached release of information and scan and email the ROI and the questionnaire to your behavioral health coordinator. The behavioral health coordinator will contact the soldier, assess the need for formal behavioral health support and provide the appropriate referrals for therapeutic services.

If the soldier answers yes to question 9, contact your behavioral health coordinator or the WVARNG crisis line immediately.

If the soldier answers yes to 9a, please escort the soldier to the nearest emergency room and contact the behavioral health crisis line.

#### Unit Coverage Info:

Northern West Virginia: Ashlee Walls, MA, LPC 304-553-6395 ashlee.e.walls.ctr@mail.mil Central West Virginia: Amy Thomas, MA, LPC 304-549-0906 amy.r.thomas20.ctr@mail.mil jo.a.scheidler.ctr@mail.mil

WVARNG 24/7 Crisis Line 304-561-6640

# **Authorization for Disclosure of Protected Information**

[Also referred to as Release of Information (ROI)]

I authorize th to/from:	e WVARNG Behavioral Health T	Ceam to release and obtain my information	
to/110111.	WVARNG ASAP Program Staf	f	
The purpose	e of the disclosure is to:		
_XAssist	with evaluation and treatment	_XContinuity of care	
_XOther	(Explain): <u>Provide consultation as</u>	nd referral recommendations/records	
Information	to be released (check appropriate	e category/categories):	
_X_Assessment		X_Diagnostic Impression	
X Case Notes		X_Alcohol/Drug Abuse History	
Full Name:		Birthdate:	
understand th		herwise provided for in state or federal law. I at any time, except to the extent those measures	
authorization recipient of y may include a Confidentiali the release of	may no longer be protected by ferour health information may potent related drug and alcohol abuse infut ty Regulations (42 CFR, Part 2). If that information to the requesting	on used and/or disclosed according to this deral privacy law (also known as HIPAA) and the tially re-disclose it. I understand that my records formation, which is protected under the Federal understand that by signing this form I authorize a party. Disclosure of my records to any person above is prohibited without my specific consent.	
-	expressed revocation, this authorizer on	cation will automatically expire 6 months from the	
Signature o	of Client/Guardian	Signature of Commander	
Executed on	this date		