



TRIAGE SHEET

Name: _____ Birthdate: _____ Date: _____

What brings you in today? _____

Who referred you?

- Self Family/Friend CPS DHHR Work LEAD
 QRT CARES: _____ Other: _____

What Services are you wanting to participate in?

- Therapy Primary Care Psychiatric evaluation Detox Residential
 Crisis Services Medication Assisted Treatment (Suboxone) Housing/Benefits
 Employment/Job Training Other: _____

What symptoms are you currently experiencing? (please mark all that apply)

- Anxiety Agitation Distractibility
 Change in sleep patterns Change in appetite Withdrawal from others
 Difficulty concentrating Racing thoughts Obsessive Thinking
 Hearing Voices Depression Impulsiveness
- Suicidal thoughts plan intent(explain) _____
 Homicidal thoughts plan intent(explain) _____
 Other _____

**Complete PHQ-9 and Social Needs Screening