

## Co-Occurring Conditions Screening Form

### REQUIRED FORM:

This form is an optional document in client file

### WHEN:

Completed at Screening/Intake Admission

### COMPLETED BY:

Client will complete the questionnaire and authorized agency representative will review and score

### REQUIRED ELEMENTS:

#### (Co-occurring conditions screening form, page 1)

- **Client Name:** Complete the client's full name.
- **Program Name:** Complete the program's name.
- **Sections one, two, and three:** Client responds yes or no by checking each question
- **Client Signature:** Complete with client signature.
- **Date:** Complete the date the form is completed.

#### (Co-occurring conditions scoring form, page 2)

- **Staff scoring page one must follow directions outlined on page two.**
- **Observations/Comments:** Staff documents any observations or makes additional comments.
- **Referral(s) Made:** Document any referral given to client based on this screening.
- **Staff Signature:** Staff scoring the form must sign.
- **Date:** Complete the date the screening was completed.

### NOTES:

This form is used as a screening tool for determining appropriateness of client for a program and/or referral for further mental health assessment. This form is not intended to be used as a diagnostic tool.