

**NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES  
INTAKE MEDICAL SCREENING**

**DATE/TIME:**

**Name:**

**Inmate #:**

**Date of Birth:**

**County of Commitment:**

**Previous Inmate #:**

**Allergies:**

**Vital  
Signs**

**T:  
R:**

**P:  
BP:**

**Current Health Problems:**

**Review Patient Questionnaire & Health History ~ Address any Concerns:**

**MENTAL HEALTH SCREENING**

Consciousness	<input type="checkbox"/> Alert	<input type="checkbox"/> Disoriented	<b>Psychological:</b> <input type="checkbox"/> depressed affect <input type="checkbox"/> flat affect <input type="checkbox"/> violent <input type="checkbox"/> paranoid <input type="checkbox"/> hallucinating <input type="checkbox"/> flight of ideas <input type="checkbox"/> delusional <input type="checkbox"/> threatening suicide/self harm
Appearance	<input type="checkbox"/> Well-groomed	<input type="checkbox"/> Un-kept	
ROM/Movement	<input type="checkbox"/> WNL	<input type="checkbox"/> ABN	
Tremors/Sweating	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Mental Status</b>	<input type="checkbox"/> WNL	<input type="checkbox"/> ABN	
<input type="checkbox"/> emotional	<input type="checkbox"/> calm	<input type="checkbox"/> angry	<input type="checkbox"/> tearful
<input type="checkbox"/> cooperative	<input type="checkbox"/> hyper	<input type="checkbox"/> anxious	<input type="checkbox"/> fearful

Referred for immediate evaluation  
 Mental Health Referral  
 General Population

**MEDICAL SCREENING**

<b>Observations</b>	<b>Check any that apply</b>	<b>Intake Information Explanations</b>
Bruises		HIV / Hepatitis Testing
Lesions		Venereal Disease Testing
Rashes		Chlamydia < 35 yrs old
Scars		PPD Test 2-step
Jaundice		Access to Care/Grievance Process
Deformities		Additional H&P Labs
Prosthetic/Brace		<b>Medical Disposition of Offender</b>
Needle Marks		Referred for immediate evaluation
Recent Tattoos		Schedule for Sick Call
Infestations		General Population

**Inmate Signature**

**Inmate Number**

**Date**

**Evaluator Signature**

**Date**