**Mississippi Division of Youth Services**  
Medical Services  
*Initial Admission Screening Tool*  
*To be completed by Registered Nurse*

This form shall be utilized at the youth’s initial arrival at OYDC. It provides information that will determine whether OYDC will authorize admission.

<table>
<thead>
<tr>
<th>Youth Name</th>
<th>DOB</th>
<th>Sex</th>
<th>Date/Time</th>
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<tbody>
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<thead>
<tr>
<th>Temp:</th>
<th>O2 Sat:</th>
<th>Pulse:</th>
<th>Respirations:</th>
<th>BP:</th>
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</table>

**OBSERVATIONS**

1. Is the Youth Unconscious?  
   - No  
   - Yes

2. Does the Youth have obvious injury (ies)?  
   - No  
   - Yes

3. Does the Youth appear to be under the influence of alcohol and or drugs?  
   - No  
   - Yes

4. Does the Youth exhibit visible signs of alcohol and/or drug withdrawal?  
   - No  
   - Yes
   
   e.g. profuse sweating, vomiting, shakes, doubled over with cramps

5. Does the Youth exhibit Bizarre or unusual behavior? e.g. confused, incoherent or violent
   - No  
   - Yes

**Questions**

1. Are you thinking of hurting &/or killing yourself now?  
   - No  
   - Yes

2. Are you thinking of hurting &/or killing anyone now?  
   - No  
   - Yes

3. Are you bleeding?  
   - No  
   - Yes

4. Do you have a serious injury?  
   - No  
   - Yes

5. Do you currently have a communicable disease?  
   - No  
   - Yes
   
   e.g. Mumps, Chicken Pox, TB

6. Do you have a serious Dental problem?  
   - No  
   - Yes

7. Do you, an arresting and/or transporting officer have information that indicates the youth is a Medical, mental health or suicide risk now?
   - No  
   - Yes

**Intake Referral**

- OK for admission
- Needs Immediate referral for potential Psychological problem
- Referred to Facility Administrator, for admission decision

Signed: __________________________ Date: __________________________ Time: __________________________

Form XI.15 E  
Effective Date 08/01/06 Revised Date: 03/13, 07/13  
Page 1 of 1