

## Regional EAC Referral Documents

### SYMPTOM CHECKLIST

Use the following scale, indicate the severity of each symptom: (1) = at admission (2)= at present

1		2		3		4		5		6		7		
No Problem		Very Mild		Mild		Moderate		Mod/Severe		Severe		Very Severe		
	(1)	(2)		(1)	(2)		(1)	(2)		(1)	(2)		(1)	(2)
Anxious			Homicidal			Psychomotor Agitation								
Assaultive Behavior			Hostility			Psychomotor Retardation								
Bizarre Behavior			Hypo mania			Self-Mutilation Behaviors								
Blunted Affect			Intrusiveness			Sexual Acting Out Behavior								
Depressed Mood			Mania			Sexual Preoccupation								
Disorganization			Med Non-compliance			Somatic Concerns								
Disorientation			Needs Assist with ADL			Suicidality								
Delusions			Needs Bed Rails			Suspiciousness								
Emotional Withdrawal			Needs restraints			Uncooperativeness								
Excitability			Needs Seclusion											
Grandiosity			Paranoia											
Hallucinations, type			Poor Impulse Control											

**Comments:**

**Special Needs** (ambulation, dietary, dentures, vision/hearing impairments, language):

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**Advance Directives/ Living Will:**

Medical \_\_\_\_\_

Psychiatric \_\_\_\_\_

**Please send copies of all Advance Directives and Commitments**

**Staff Completing Form** \_\_\_\_\_

\_\_\_\_\_  
**Staff Signature**

\_\_\_\_\_  
**Date**