

FOURTH JUDICIAL DISTRICT  
MENTAL HEALTH COURT  
COUNCIL BLUFFS, IOWA

**ADMISSION SCREENING**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ SSN: \_\_\_\_\_

\_\_\_\_\_ Sex/Race: \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Work#: \_\_\_\_\_

E-mail \_\_\_\_\_

**Legal History**

Current lawyer \_\_\_\_\_

Charges pending in what jurisdictions \_\_\_\_\_

If yes, please list:

	Charged With	Where	Date	Status
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

**(Criminal History: See attachment-provided by CA)**

Are you on Probation or Parole? \_\_\_\_\_ PO's Name \_\_\_\_\_

Are they sex offender or currently facing sex based charges (under Chapter 709 of Iowa) or any other jurisdiction? Yes \_\_\_\_\_ No \_\_\_\_\_

Additional contacts:

Name	Relationship	Phone Number
1. _____	_____	_____
2. _____	_____	_____

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CASE MANAGEMENT

Housing: \_\_\_\_\_ Parenting Skills: \_\_\_\_\_  
Life Skills: \_\_\_\_\_ Physical Health: \_\_\_\_\_  
Education: \_\_\_\_\_ Employment: \_\_\_\_\_  
Medical Insurance: \_\_\_\_\_ Disability Application: \_\_\_\_\_

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Case Manager

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Date

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THERAPIST

Diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
Substance Abuse: What is substance of choice? \_\_\_\_\_  
Level of Addiction \_\_\_\_\_  
Co-occurring Personality or Behavior Disorder? \_\_\_\_\_  
\_\_\_\_\_  
Intellectual Disability or TBI? \_\_\_\_\_  
Criminal Thinking: \_\_\_\_\_  
History of Trauma \_\_\_\_\_  
Anger management \_\_\_\_\_  
Other needs for treatment: \_\_\_\_\_

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Treatment Provider

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Date