

**CLINICAL COORDINATOR  
EMERGENCY EVALUATION  
REFERRAL**

JD-JM-211 New 8-14  
C.G.S. §§ 46b-121j(b), 46b-121k(a)(2)(E), 46b-134

**STATE OF CONNECTICUT  
SUPERIOR COURT  
JUVENILE MATTERS**  
*www.jud.ct.gov*

**ADA NOTICE**

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at [www.jud.ct.gov/ADA](http://www.jud.ct.gov/ADA).

**Instructions**

1. This form should be fully completed by the Clinical Coordinator who conducted the assessment.
2. The completed form can be hand written and must be dated and signed.
3. Prepare in duplicate - Original placed in Court Clinic Record - Duplicate to EMS personnel.
4. Duplicate form should be directly handed to EMS personnel to ensure transmittal to receiving facility.

Name of Juvenile	Date of birth	Docket number
Address of the court	Date of examination	Time of examination
History of juvenile's present condition (include type and amount of present medications, if any)		

**Juvenile's Mental Status and Review of Symptoms**

**1. General Appearance:**

Demeanor:

☐ Pleasant ☐ Cooperative ☐ Uncooperative ☐ Hostile

☐ Other: \_\_\_\_\_

Motor Activity:

☐ Hypoactive ☐ Calm ☐ Restless ☐ Hyperactive ☐ Mannerisms ☐ Tics ☐ Tremors ☐ Dyskinesia

☐ Other: \_\_\_\_\_

Attitude:

☐ Apathetic ☐ Cooperative ☐ Friendly ☐ Guarded ☐ Suspicious

☐ Belligerent ☐ Threatening ☐ Hostile ☐ Uncooperative

☐ Other: \_\_\_\_\_

Speech:

☐ Normal Latency ☐ Normal Volume ☐ Normal Fluency ☐ Mute ☐ Delayed ☐ Soft

☐ Impoverished ☐ Slurred ☐ Incoherent ☐ Loud ☐ Pressured ☐ Excessive

☐ Other: \_\_\_\_\_

**2. Mood:**

**3. Affect:**

☐ Apathetic ☐ Interested ☐ Bright ☐ Anxious ☐ Sad ☐ Angry

☐ Other: \_\_\_\_\_

**Reactivity:**

☐ Normal ☐ Decreased ☐ Increased

**Range:**

☐ Normal ☐ Decreased ☐ Increased

**Appropriateness to mood/situation:**

☐ Yes ☐ No ☐ Comment: \_\_\_\_\_

#### 4. Thought:

Content:

☐ Auditory Hallucinations   ☐ Visual Hallucinations   ☐ Delusions   ☐ Obsessions

Process:

☐ Organized   ☐ Disorganized

#### 5. Risk Assessment:

A. Suicidal behavior:   ☐ Denies all

☐ Suicide attempt within the last 24 hours   ☐ History of prior suicide attempt   ☐ Aborted suicide attempt

☐ Self-injurious behavior

Current plan/means/intent: \_\_\_\_\_

Other risk factors for suicide:

☐ Anhedonia   ☐ Impulsivity   ☐ Hopelessness   ☐ Helplessness   ☐ Anxiety/Panic   ☐ Insomnia

☐ Command hallucinations   ☐ Substance use   ☐ Access to gun/or other legal means

Family history of suicide attempt and/or completed suicide by family members   ☐ Yes   ☐ No

Comment: \_\_\_\_\_

B. Homicidal behavior:

Current:

☐ None   ☐ Homicidal ideation   ☐ Homicidal plan   ☐ Has access to gun/other lethal means   ☐ Homicidal intent

History of Homicide Attempts:   ☐ Yes   ☐ No   ☐ Comment: \_\_\_\_\_

C. Violence:

Current (past three months):

☐ No   ☐ Yes (Describe):   ☐ Person   ☐ Property \_\_\_\_\_

Past:

☐ No   ☐ Yes (Describe):   ☐ Person   ☐ Property \_\_\_\_\_

#### Justification for Emergency Evaluation:

☐ Juvenile examined is gravely disabled   ☐ Juvenile examined is dangerous to himself/herself or to others

Clinical Coordinator Signature		Name of Clinical Coordinator ( <i>Print</i> )	
Date signed	Degree	License number	Phone number