

Date:

Name:

30. Current Diagnoses – Check all that apply:

- a. None
- b. Mental Retardation
- c. Autism
- d. Seizure Disorder (Age at onset()
- e. Cerebral Palsy
- f. Other Developmental Disability: Specify
- g. Schizophrenic Disorder
Specify:
- h. Paranoid Disorder
- i. Major Affective Disorder
- j. Schizoaffective Disorder
- k. Affective Bipolar Disorder
- l. Tardive Dyskinesia
- m. Major Depression
- n. Other related conditions

31. Clinical and Psychosocial Data – Please check any of the following behaviors which the individual has exhibited in the past two years.

- a. Substance Abuse
(Identify)
- b. Combative
- c. Withdrawn/Depressed
- d. Hallucinations
- e. Delusional
- f. Disoriented
- g. Bizarre Behavior
- h. Bangs Head
- i. Sets Fires
- j. Displays inappropriate Social Behavior
- k. Seriously Impaired Judgment
- l. Suicidal Thoughts, Ideations/Gestures
- m. Cannot Communicate Basic Needs
- n. Talks about his/her Worthlessness
- o. Unable to Understand Simple Commands
- p. Physically Dangerous to Self and Others, if unsupervised
- q. Verbally Abusive
- r. Demonstrates Severe Challenging Behaviors
- s. Specialized Training Needs
- t. Sexually Aggressive

Does the individual have Alzheimer’s multi-infarct, senile dementia, or related condition? Yes No
 Other (Specify):

II. PHYSICIAN RECOMMENDATION

32. Prognosis: Check one only: a. Stable b. Improving c. Deteriorating d. Terminal
Diagnosis:

Rehabilitative Potential – Check one only: a. Good b. Limited c. Poor

33. Other Medical Conditions Requiring Physician Orders:

To the best of my knowledge, the patient’s medical and related needs are essentially as indicated above (Must be signed by M.D. or D.O)

Physician’s Signature	TYPE OR PRINT Physician’s Name/Address below
MD/DO	
Date	

34. RN Signature and Date: _____

DISCLAIMER: Approval of this form does not guarantee eligibility for payment under the State Medicaid Plan

NOTE: Information gathered from this form may be utilized for statistical/data collection.

WV-BMS-PC-Pre-Admission Screening - January 2014 – Revised 6/10/2014