

jlassess.agency = LCJ jlassess.num = 1

Medical Only Assessment:

No

Use Assessment:

Yes

Assessment Name:

DETAINEE INTAKE ASSESSMENTS

Number

Text

1

HAVE YOU RAN A CRIMINAL HISTORY (CQH/CQRI) ON THIS DETAINEE?

2

IS THE DETAINEE
COMPLAINING OF PAIN? HAVE ANY VISIBLE BLEEDING OR TRAUMA? IN NEED OF SPECIAL MEDICAL CARE?

3

IS THERE ANY EVIDENCE OF VERMIN? (LICE, ETC.)

6

DO YOU HAVE FAMILY OR FRIENDS IN THE AREA?

7

IS THE DETAINEE UNDER THE INFLUENCE OF DRUGS AND/OR ALCOHOL?

8

ARE THERE VISIBLE SIGNS OF DRUG ABUSE?
(TRACK MARKS, SORES, SWELLING, ETC.) OR ANY SIGNS OF WITHDRAWING? (DOES DETAINEE STATE THEY
WILL WITHDRAW) DESCRIBE!

11

DO YOU DRINK ALCOHOL?

12

HAVE YOU EVER HAD A PROBLEM DETOXING FROM ALCOHOL OR DRUGS?

13

IS THE DETAINEE A REGISTERED SEX OFFENDER?

14

THE DETAINEE'S BEHAVIOR SUGGEST ANY RISK OR ASSAULT FOR STAFF OR OTHER INMATES?

DOES

15

IS THERE A LANGUAGE BARRIER?

16

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DO YOU HAVE ANY DIETARY NEEDS OR REQUIREMENTS?

17

DO YOU HAVE ANY FOOD ALLERGIES OR DRUG ALLEGORIES?

19

DO YOU HAVE HIGH BLOOD PRESSURE OR ANY HEART PROBLEMS?

20

DO YOU HAVE KIDNEY OR LIVER DISEASE?

22

DO YOU HAVE EPILEPSY OR EVER HAD A SEIZURE?

181

ARE YOU A DIABETIC?

182

ARE YOU A HEMOPHILIAC? (INABILITY TO SLOW BLEEDING)

330

HAVE YOU EVER TESTED POSITIVE FOR TUBERCULOSIS?

332

DO YOU HAVE HIV, AIDS OR HEPATITIS A, B, OR C?

333

IS THE DETAINEE MALE OR FEMALE?

334

ARE YOU PREGNANT? HOW FAR ALONG?

335

DO YOU HAVE LOSS OF APPETITE OR UNINTENTIONAL WEIGHT LOSS?

336

ARE YOU LETHARGIC? (SLUGGISH, LACK OF ENERGY)

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337

DO YOU HAVE A HISTORY OF DRUG USE OR ARE YOU CURRENTLY USING DRUGS?

338

DO YOU HAVE OR USE ANY PROSTHETIC DEVICES?

339

HAVE YOU HAD AN ACCIDENT IN THE LAST SIX MONTHS RESULTING IN INJURY?

340

DO YOU HAVE ANY DIGESTIVE PROBLEMS?

341

DO YOU HAVE ANY SORES OR OPEN WOUNDS DRAINING FLUID?

342

DO YOU HAVE ANY DENTAL PROBLEMS?

343

DO YOU HAVE MEDICAL INSURANCE?

344

MEDICAL CONDITIONS THIS FACILITY SHOULD BE AWARE OF OR ANY MEDICAL CONCERNS WE HAVE NOT ASKED YOU ABOUT? DO YOU HAVE ANY OTHER

345

CONDITION THAT REQUIRES SPECIAL ACCOMMODATION, SUCH AS A HEARING IMPAIRMENT, LEARNING DISABILITY, OR PHYSICAL DISABILITY? DO YOU HAVE A DISABILITY OR ANY

346

ARE YOU TAKING ANY MEDICATIONS?

347

THE DETAINEE FIGHT WITH POLICE, EMERGENCY PERSONAL, OR ANY FIRST RESPONDERS?

DID

348

IS THE DETAINEE WITHDRAWN OR WANTING TO BE ALONE?

349

IS THE

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DETAINEE CRYING, HAD A SUDDEN MOOD CHANGE, OR IS SHOWING SIGNS OF DEPRESSION?

350

ARE YOU OR HAVE YOU BEEN RECEIVING MENTAL HEALTH COUNSELING?

351

IN THE LAST FIVE YEARS HAVE
YOU TAKEN ANY MEDICATION FOR MENTAL HEALTH OR ARE YOU CURRENTLY TAKING MEDICATION FOR
MENTAL HEALTH?

352

HAS ANYONE IN YOUR IMMEDIATE FAMILY ATTEMPTED OR COMMITTED SUICIDE?

353

HAVE YOU EVER THOUGHT ABOUT OR ATTEMPTED SUICIDE?

354

ARE YOU THINKING ABOUT DOING HARM TO YOURSELF NOW?

355

HAVE YOU EVER BEEN HOSPITALIZED FOR EMOTIONAL OR MENTAL HEALTH ISSUES?

356

DETAINEE WAS ADVISED THAT WHILE
IN CUSTODY AT THE LIVINGSTON COUNTY JAIL, THEY ARE UNDER THE CARE OF THE JAIL'S PHYSICIAN AND
MEDICAL STAFF.

357

AS A DETAINEE AT THE LIVINGSTON COUNTY JAIL I GIVE MY PERMISSION TO BE MEDICALLY TREATED BY
THE LIVINGSTON COUNTY JAIL STAFF. I ALSO AUTHORIZE THE TRANSMITTAL OF ALL PERTINENT MEDICAL
RECORDS TO THE LIVINGSTON COUNTY JAIL FOR ANY TREATING MEDICAL OR MENTAL HEALTH AGENCY

358

DOES THE DETAINEE NEED TO BE REFERRED TO IHR?

359

DETAINEE HAS ANSWERED ALL QUESTIONS TO THE BEST OF THEIR ABILITY.

360

ASSESSMENT HAS BEEN COMPLETED BY THIS OFFICER.

361

SUPERVISOR REVIEWED

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YOU WILL BE ISSUED AN ID AND PASSCODE FOR YOUR PHONE AND VISITING ACCOUNT. IT IS YOUR RESPONSIBILITY TO CHANGE THIS PASSCODE UPON GETTING TO YOUR HOUSING UNIT AND KEEPING THIS INFORMATION SECURE. THE LIVINGSTON COUNTY JAIL IS NOT RESPONSIBLE FOR LOST/STOLEN ID, PIN/PASSCODES.

371

ARE YOU AN UNITED STATES VETERAN?

No Entries