

Colorado PASRR Depression Diversion Screen (CMHC USE ONLY)

PATIENT: _____	MEDICAID #(or PP): _____	SS# _____ - ____ - ____
CURRENT PLACEMENT: _____	SOURCE OF INFORMATION: _____	
MHC: _____	EVALUATOR/TITLE : _____	

CURRENT MEDICATIONS: _____ Dosage: _____ Started: _____ DX: _____
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- I. Diagnosis of Major Affective Disorder _____ No _____ Yes
_____ Dx
- II. Potentially Harmful Outcome _____ Yes
 _____ Recent Suicide attempt or threats/ideation with realistic plan
 _____ Severe/Serious Vegetative Signs
 (ex. Ongoing refusal of food or life sustaining medications/treatment, non-communicative, etc.)
- III. Potentially Inappropriate Outcome _____ Yes
(5 or more checked)
 _____ Depressed Mood
 _____ Markedly diminished interest/pleasure
 _____ Significant Increase or Decrease in weight/appetite
 _____ Insomnia or hypersomnia
 _____ Psychomotor agitation or retardation
 _____ Fatigue/loss of energy
 _____ Worthlessness/excessive guilt
 _____ Decreased concentration/ability to think or indecisiveness
 _____ Recurrent thoughts of death; suicidal ideation without a realistic plan
 _____ Low self esteem
 _____ Other: _____
 _____ Other: _____

LEVEL II REQUIRED	YES _____ NO _____ If so, provide a copy when sending to DDM
FOLLOW-UP NEXT QTR	YES _____ NO _____
COMPLIANCE ISSUE	YES _____ NO _____ If Yes, NH failed to complete Status Change _____ PAS _____

Comments: _____

 SIGNATURE CMHC REPRESENTATIVE _____
 DATE