

Scoring Sheet for Behavioral Health Screening Form To Be Completed by Provider or Healthcare Professional

I. Depression: PHQ-9 PATIENT HEALTH QUESTIONNAIRE

Instructions: Add scores per column for questions 1-9, then add total score. Do not score question 10.

- Scores of 0-4, no depression
- Scores of 5-9, mild depression
- Scores of 10-14, moderate depression
- Scores of 15-19, moderately severe depression
- Scores of 20-27, severe depression

Total columns

Total score

Not at all	Several days	More than half the time	Nearly every day

Scores between 5 and 9 can be safely treated in the medical home setting by a primary care provider.

Refer for scores of **10 or higher**.

- **Pay close attention to item 9, addressing suicidal thoughts. An answer of 3, “nearly every day”, warrants a referral that should be classified as emergency and should receive a behavioral health assessment by the end of the business day.**

II. Anxiety: GAD-7 GENERAL ANXIETY QUESTIONNAIRE

Instructions: Add scores per column, then add total score.

- Scores of 0-4, minimal anxiety
- Scores of 5-9, mild anxiety
- Scores of 10-14, moderate anxiety
- Scores of 15-21, severe anxiety

Total columns

Total score

Not at all	Several days	More than half the time	Nearly every day

Refer for scores of **10 or higher**.

III. Bipolar Disorder: MDQ – MOOD QUESTIONNAIRE

Instructions: Add scores for Question #1 (Yes=1, No=0).

A score of at least 7 is indicative of a possible bipolar spectrum disorder.

Consider the score in the context of a positive screen for depression on the PHQ-9 for purposes of treatment of bipolar depression.

Total score Question 1

Yes	No

Refer if **all** the following criteria are met:

A score of **7 or higher** to Question 1 **AND** “Yes” to Question 2 **AND** “Moderate” or “Serious” to Question 3

IV. Drug and Alcohol Abuse: SUBSTANCE USE QUESTIONNAIRE

Instructions: Add scores for all questions EXCEPT #1 and #15 (Yes=1, No=0). Questions 1 and 15 are not scored.

Total score

Yes	No

Refer for scores of **4 or higher**.

V. Thought Disorders

Any suspicion that a clinician may have that a patient may have a thought disorder (auditory or visual hallucinations, delusions/fixed, unfounded, unrealistic, and peculiar beliefs, etc.) warrants a referral for behavioral health services, or at the very least a case conference between the behavioral health care manager and the Primary Care Provider or other designated medical staff.

BEHAVIORAL HEALTH SCREENING REFERRAL

To Be Completed by Provider or Healthcare Professional

Requesting Physician Information

Requesting Physician: _____ Medical Home: _____
Contact person: _____ Ext: _____ Date: _____

Client Information

Client Label	-OR-
	Clients Name: _____
	DOB: _____ SS#: _____
	Phone #: _____

Please identify the appropriate behavioral health referral type for the above client, based on the total calculated scores for the answers reported on the behavioral health screening tools. **This form is to be given to the on-site behavioral health case manager, not the client.**

☐ Emergency Referral:

- Any instance in which the provider has reason to believe that the client is at very high risk of life-threatening, destructive, or disabling harm to self or others in the next 72 hours but is unsure about initiating the Baker Act.

OR

- Psychosis, only if there is reason to believe that the safety of self/others is at risk in the imminent future.

OR

- An answer of "3 – Nearly every day" to question 9 on the PHQ-9 tool.

☐ Urgent Referral:

- An answer of "2 – More than half the time" or "1 – Several days" to question 9 on the PHQ-9 tool.

OR

- A score of "severe depression" on the PHQ-9 (between 20 and 27)

OR

- A score of "severe anxiety" on the GAD-7 (between 15 and 21) warrant an urgent referral.

☐ Routine Referral:

- Anything else, including positive screenings for SSI-SA substance use and/or MDQ bipolar disorder.
- Suspensions of psychosis: Any suspicion that a clinician may have that a patient may have a thought disorder – auditory or visual hallucinations, delusions/fixed, unfounded, unrealistic and peculiar beliefs, etc. (Unless there is reason to believe that the safety of self/others is at risk in the imminent future – these would be emergency referrals).

Additional Comments: _____

Healthcare Professional Signature

Date