



*The Religious Hospitallers
of Saint Joseph
of the Hotel Dieu Hospital*

Southeastern Ontario District Early
Intervention in Psychosis Program
Kingston, Canada
Psychosis Screening Worksheet

Name of Client: _____	
Last	First
Date of Birth: _____	Age: _____ years
yyy/mm/dd	
Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>
Name of Informant: _____	
Last	First
Relationship to Client: _____	
Informant's Contact Telephone Numbers:	
_____	_____
Home	Work

Screening Information			
	<u>No</u>	<u>Yes</u>	<u>Comments</u>
1. Age 14 to 40 years	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Onset of problems (psychosis symptoms) within past 3 years	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Unusual experiences such as hearing voices, seeing visions, etc.	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Suspiciousness/"paranoia"	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Decline in functioning at school, work, and/or socially	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Social withdrawal/isolates self from friends, and/or family/society	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Difficulty concentrating on tasks	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Problems sleeping	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Uncharacteristic violence/aggression	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Uncharacteristic personality change	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Excessive use of street drugs	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Severe head injury or subnormality	<input type="checkbox"/>	<input type="checkbox"/>	_____

- Please note:
1. Items 1 and 2 must be "yes" to qualify for referral.
 2. If any of items 3 – 10 present — refer to clinic for consultation.
 3. If either or both items 11 and 12 present — Discuss with clinic before referral.

To make a referral call the SEODEIP case worker at (613) 544 - 3400, ext. 2552
or fax information to SEODEIP case worker at (613) 544 – 9666